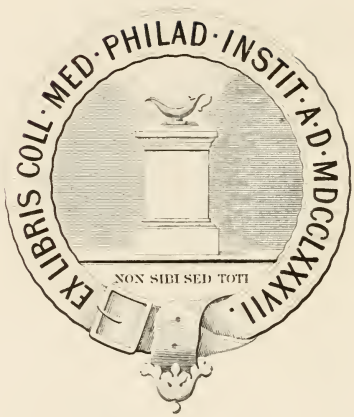
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THE

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The American Practitioner.

JULY, 1880.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—Ruskin.

Original Communications.

LACERATIONS OF THE NECK OF THE UTERUS.

BY A. REEVES JACKSON, A.M., M.D.,

Formerly Surgeon-in-Chief of the Woman's Hospital of the State of Illinois, late Lecturer on the Surgical Diseases of Women at Rush Medical College, Fellow of the American Gynecological Society, etc.

READ BEFORE THE TIPPECANOE COUNTY MEDICAL SOCIETY AT LAFAYETTE, IND., MAY 6, 1880.

Mr. President: In response to an invitation to address your society I have selected a topic which is at the present time exciting a good deal of attention among gynecologists and obstetricians, but which there is reason to believe has not yet received such degree of consideration from general practitioners as it deserves. I allude to lacerations of the neck of the uterus.

On July 7, 1879, I read before the Chicago Medical Society a paper upon this subject, which was subsequently published.* I have embodied here some portions of the matter contained in that paper, and have added thereto some thoughts and suggestions which have been prompted by an increased experience.

* Chicago Medical Journal and Examiner, August, 1879.

intend to speak only of the practical phases of the subject, and in doing so will endeavor to be as brief as is consistent with clearness. The points to which I desire specially to call your attention are those which relate to the frequency of the lesion, its symptoms, diagnosis, and treatment.

History. The history of the laceration of the cervix uteri is a short one, and its literature has been, until quite recently, meager. In 1856 Dr. A. K. Gardner* spoke of "laceration of the os and cervix" as among the causes of ulceration, enlargement of the cervix, sterility, etc., and, so far as I am aware, this was the first mention made of the lesion as a distinct pathological condition by any author. Thirteen years later (in 1869) Dr. Emmet, of New York, published a paper in which he stated that seven years before—to wit, in 1862—he had accidentally discovered the existence and importance of the lesion in a particular case and devised an operation for its cure. This was followed in five years by another paper from the same author, in which prominence was given to the frequency of the accident and the relation it bore to the etiology of pelvic diseases. It was not until then that the attention of the medical profession began to be directed to the subject; but since that time several other papers more or less full and valuable, by various writers, have appeared in the medical journals in relation to it, and in the recent work of Dr. Emmet on the Principles and Practice of Gynecology the subject is fully and systematically treated.

Frequency. Is laceration of the cervix uteri of frequent occurrence? Many excellent persons of extensive medical experience deny that it is. They say it is inconceivable that a lesion which from the easy accessibility of the parts involved should be readily detected could escape the investigations of so many careful persons as have been engaged in treating the diseases of women all the years that have elapsed since the introduction of the speculum and other modern gynecological appliances. We might urge as a reply to such argument as this that the

* The Causes and Curative Treatment of Sterility, etc., by A. K. Gardner, A. M., M. D., New York, 1856.

history of all art and science is full of examples in which the plainest facts and simplest devices have escaped discovery for centuries; that it is but a repetition of the old story of Columbus and the egg. But we can do better than this. We can advance a stronger argument—one based upon facts. The experience of Dr. Emmet, embracing observation of five hundred cases occurring in private practice, leads him to affirm that 30.80 per cent—that is, nearly one third—of "all women who had been impregnated and had suffered from some uterine disease were found to have laceration of the cervix;" and he concludes his consideration of the subject by stating that "at least one half of the ailments among those who have borne children are to be attributed to laceration of the cervix."*

This is a startling statement, and one which I am inclined to believe is an exaggeration of fact. I believe that a much larger number of observations than have been made are necessary to establish the point in question. Still the malady is undoubtedly very frequent. Dr. P. F. Mundé† found one hundred and nineteen lacerations in seven hundred women examined, and Dr. Goodell‡ says that his experience would lead him "to infer that about one out of every six women suffering from uterine trouble has an ununited laceration of the cervix."

As I have already said, there are many who absolutely reject this evidence and deny the facts. But it will occur to you at once that persons who have not looked for the lesion, who have not considered it as one of the conditions likely to give rise to the symptoms usually recognized as indicative of uterine disease, can hardly be in a position to form an intelligent opinion upon this subject. But more than this, as we shall see presently, those who would discover it must not only look for it; they must look for it in a proper manner, or it may elude their search.

* Loc. Cit. p. 480.

† American Journal of Obstetrics, etc., January, 1879.

‡ "Laceration of the Cervix Uteri"—the address on Obstetrics delivered before the Medical Society of the State of Pennsylvania by Wm. Goodell, A.M., M.D., May, 1879.

You can form for yourselves some estimate of the frequency of the injury by recalling the number of cases in which you have discovered, when making a specular examination of women who have borne children, a soft, gaping os uteri surrounded by a red patch of irregular granular surface, sometimes readily bleeding under slight pressure, and in which, issuing from the central opening, you have observed a glairy, yellowish-white discharge—cases which, twenty-five years ago, were almost universally and by many still are called "ulceration," and by more modern pathologists are denominated erosion, granular erosion, granular degeneration, etc. These are generally cases of laceration of the cervix uteri. While these erosions unquestionably may and do exist independently of laceration, the instances in which they do so are quite rare.

Symptoms and progress. The fact that a laceration has taken place is rarely known at the time of the occurrence. When a digital examination of the pelvic organs is made immediately after delivery it is usually for some purpose connected with the removal of the placenta or blood coagula, and the attention is not directed to any thing else; but even were a possible injury to the cervix the object of search it would be difficult of detection, owing to the soft, yielding, and enlarged condition of the parts at the time. A short time after the woman has left her bed and resumes her ordinary duties she becomes conscious of an unusual amount of leucorrheal discharge, possibly tinged at times with blood. This discharge is commonly thick, yellow, and viscid in character. But I must caution you that the absence of discharge is not to be accepted as proof that there is no laceration present, for I have seen several cases of long standing and with extensive injury in which there was no discharge whatever, or at least none which appeared externally. The catamenia are likely to appear after two or three months, sometimes sooner, usually more profusely than before, and at shortened intervals. Metrorrhagia is likewise not infrequent. Sometimes, on the contrary, the menstrual discharge is diminished in quantity, while in still others it is not disturbed in any way. Sexual

appetite is frequently impaired and sometimes abolished. Dyspareunia is an occasional, and sterility a frequent result.

Pains, varying in degree and character, are felt about the hypogastrium, hips, back, and thighs, together with a sense of weight and dragging in the pelvis, increased in severity when the patient is in the standing position or has undergone unusual fatigue. In some cases severe neuralgic pains referred to the region of the cervix are present, and in several the patients have complained of a peculiar pain described as "pulling" or "drawing" about the umbilicus.

In the worst class of cases no long time elapses before the lack of exercise and the persistence of pain and exhausting discharges produce their legitimate results upon the general health. Digestion is impaired, the appetite fails, the bowels become constipated, assimilation is interfered with. A lessened supply of impoverished blood produces pallor and sallowness of complexion, debility, disturbed and insufficient sleep. The stomach, liver, bowels, kidneys, and especially the bladder and rectum, all contribute their quota of sympathetic manifestations, and combine to render the woman's life utterly wretched.

You will observe that the symptoms here given are not at all distinctive, and no more indicate the existence of a laceration of the cervix than they do of half a score of other abnormal conditions of the pelvic viscera. Hence they are insufficient for the purposes of diagnosis.

The symptoms produced by laceration of the cervix are not always in direct proportion to the extent of the injury — a fact frequently observed in connection with pelvic disorders in women. Usually the amount of suffering depends upon the degree of eversion of the lining membrane of the cervix which has taken place. This occurs in most cases where the injury has extended beyond the crown of the cervix, and reaches its maximum where the rent is bilateral and has passed to or beyond the vaginal junction. Glance for a moment at this diagram (Fig. 1), which represents the normal shape of the parts. Here the uterine labia, V V′, are kept in apposition by

the perfectly-adjusted counteraction of the circular and longitudinal fibers of the organ. It is seen in strong contrast with

Fig. 1.



FIGURE 1.—V and V' represent the position of the uterine lips in the normal state of the parts.

Fig. 2, in which is shown the appearance of the parts after a severe laceration has occurred. In such a case as this, the circular fibers being unable to act, there is no power to oppose the action of the longitudinal ones, which tend therefore to drag the lips apart. The delicate epithelium covering the mucous membrane, accustomed to contact only with its own alkaline secretion, is now constantly bathed in the acid secretion of the vagina, which, acting as an irritant, soon causes its removal. This unnatural state of the parts prevents or retards the proper involution of the uterus, which consequently remains enlarged and soft. So soon as the woman quits her bed and gets upon her feet all these unfavorable conditions are increased. The heavy uterus, inadequately sustained by its supports, presses toward and finally upon the floor of the pelvis, dragging with it the upper part of the vagina, whose walls lie in folds about it like the sides of a closed accordion, giving to the cervix an ap-

pearance of elongation. The everted and eroded surface now suffers additional irritation from the pressure and chafing to which it is subjected. The flaps are forced farther and farther apart; the extruded lining membrane, by reason of its interrupted circulation, becomes thickened and congested, and thus assists in its own outrolling. The uterus being in a state of fatty degeneration — the first stage of involution only having been accomplished — the flaps are soft and yielding. Their inner surfaces are readily flattened out against the vaginal walls, and the entire cervical lining in some instances is finally extruded, the internal os uteri becoming the lowest portion of the organ, and appearing at the end of what seems, owing to the reflection of vaginal tissue drawn downward, to be a very long and very broad cervix.

FIG. 2.

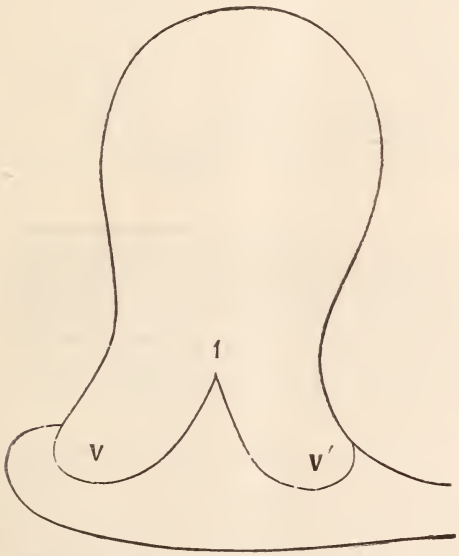


Figure 2 represents a lacerated cervix with eversion. V, the posterior lip, is crowding backward into the posterior cul-de-sac; V′, the anterior lip, forward in the axis of the vagina; 1, the upper angle of the laceration. (After Dudley.)

The full extent of the eversion is rarely seen in recent cases, the process of extrusion being a gradual one. The angle formed at the upper portion of the flaps (1, Fig. 3) gradually descends

as the lower ends of these latter diverge, so that it successively reaches the points 2, 3, 4, and 5, and in this way the internal os uteri comes to occupy the position of the external; and this

FIG. 3.

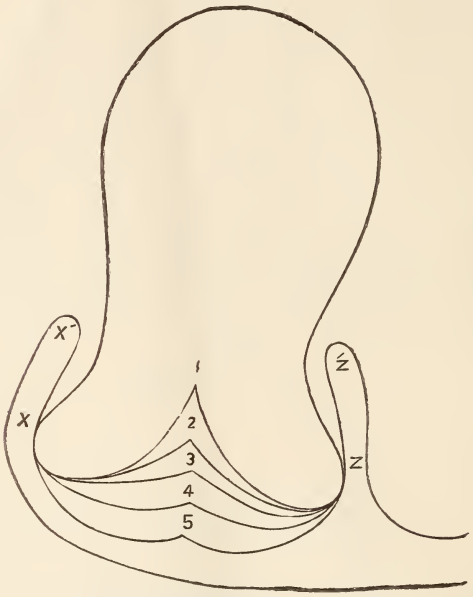


FIGURE 3.—This represents the state of the parts when eversion is complete. The curved lines forming the angles 1, 2, 3, 4, and 5 indicate the gradual process of eversion. The point 1 has been rolled out to point 5, where it appears to be the external os. The utero-vaginal junction at X and Z now appears by the reduplication of the vagina to be at X′ and Z′, thus making the cervix appear longer and broader than it really is. (After Dudley.)

explains why it is that a deeply-lacerated cervix, when viewed through an ordinary speculum, presents a red, *flat* surface. Indeed the slighter cases of laceration, which permit no eversion at all, are more readily detected in this manner than are the more extensive ones in which the eversion is complete.

The Nabothian glands, thus exposed, are at first stimulated to undue activity, as evinced by the greatly-increased quantity of secretion poured out by them, and which constitutes the glairy, tenacious discharge which is so characteristic of endo-cervical inflammation. By-and-by they become diseased. Their excre-

tory ducts close, and their contents being thus retained they enlarge and form protruding roundish masses varying in size from that of a millet seed to that of a grain of barley. Some of these rupture, and their open mouths add an appearance of increased roughness and rawness to the already eroded surface. Before bursting they may frequently be felt as small shot-like bodies in the tissues.

When the injury is confined to one side the eversion of the cervical lining is not so marked, and occasionally does not occur at all, even when the rent has extended to the vaginal junction. In these cases there has usually taken place some degree of union at the bottom of the fissure, and the cicatrix thus formed restrains, partially or wholly, the tendency to protrusion.

Diagnosis. As already stated, the subjective symptoms are never sufficient to enable us to do more than suspect the existence of a laceration of the cervix. But they are of such a character as should *always* impel us to make a physical examination; and if we do this, and do it properly, we need never remain in doubt; for the diagnosis may be made in the most definite manner.

In many cases this can be done by the touch alone. The patient should lie upon the back, with the knees drawn up and separated. A finger introduced into the vagina may detect the uterus in its normal situation, although usually it is depressed and more or less retroverted. The os is patulous, and its borders and the entire vaginal portion of the cervix are of softened texture and commonly unduly tender to pressure. If there be laceration present, and if it be of such extent and nature as to permit eversion, as shown in Fig. 2, the cervix will be felt apparently enlarged, and the distance from the os to the vaginal junction much greater than usual, as though the cervix were elongated. If the finger be now carried up to the vaginal junction and made to sweep around the cervix at that point it will be found notably smaller than the portion below. When these conditions can be clearly made out they may be considered as very strong evidence of the existence of laceration with eversion.

But there is a test which I regard as infallible. Let the patient be placed in the knee-chest position, and then introduce a Sims speculum or other form of perineal retractor, and if the parts have been seen before through a tubular or bivalve speculum with the patient on the back, an astonishing change will be found to have taken place in their relation to each other as they now are brought into view. The uterus, falling away from the vulva by its own gravity, carries with it the upper portion of the vagina, thus causing the unfolding, as it were, of the latter organ and its restoration to its full length. Not only is the apparent elongation of the cervix thus reduced, sometimes to the extent of one or two inches, but the size of the eroded surface is likewise diminished from the partial inrolling of the cervical lining membrane. If now, while an assistant holds the speculum, the anterior and posterior flaps be seized with tenaculæ at the points V V′ (Fig. 2), and drawn toward the vulva and toward each other, the eroded surface will be found to disappear; that is, the intra-cervical mucous membrane will be restored to its proper place, and the vaginal portion of the cervix will resume its natural form and almost its natural size. If this can be done it amounts to a demonstration. There is no other condition or combination of conditions in which this maneuver can be accomplished with these results.

But to obtain this certain evidence the necessary means must be used and the conditions complied with. In such a case as that described, when the parts are observed through an ordinary cylindrical or valvular speculum, it is frequently impossible to command a view of the entire cervix, so widely are the lips spread apart. The ends of these latter, which the observer thinks he is looking at, are not visible at all. The red, raw-looking mass appears to the unpracticed eye as though hypertrophied and ulcerated. Indeed these constitute the so-called severe cases of ulceration for which powerful and protracted cauterizations were formerly the approved and usual remedies.

The maladies with which laceration of the cervix may be

confounded are thickening and elongation of the cervix, simple granular erosion of the os and cervix, true ulceration, and epithelioma.

When there is actual enlargement of the cervix from other causes than laceration—for of course the two conditions may coexist—the part is gradually increased in diameter from below upward toward the body of the organ, but in laceration with eversion the lower portion is the largest; and as the body of the organ is approached there is a more or less distinctly-marked narrowing, so that the shape of the vaginal portion has been compared to that of an inverted mushroom.

From elongation of the uterine neck—the so-called hypertrophic elongation—laceration may be distinguished, as already stated, by placing the patient in the knee-chest position. Here the apparent elongation which is present in some cases of laceration entirely disappears by discovering the true vaginal junction, whereas if the elongation were real the part would project as far into the vagina as before.

Granular erosion of the os and cervix sometimes occurs from irritating contact of catarrhal discharges, but uncomplicated with laceration it is a comparatively rare affection.

It should not be a matter of surprise that the red, roughened, eroded cervical lining seen in cases of laceration should have been so frequently and for so long a time mistaken for ulceration. But if by the term ulcer we mean to designate a condition in which there is loss of substance beyond the epithelium it is comparatively rare in this locality. The only true ulcers of the cervix are those produced by friction and exposure when the uterus is procident, or which are the result of chancroid or carcinomatous disease.

It is likewise not wonderful that the extruded lining membrane, studded with enlarged follicles, elevated and swollen, bleeding readily, and bathed with muco-purulent secretion, should have been frequently mistaken for malignant disease. But from all these conditions — simple erosion, ulceration, whether benign or malignant — presenting a reddened, rough-

ened, raw surface, laceration with eversion may be certainly distinguished in the manner already indicated.

Let every one bear in mind that laceration is frequent and that hypertrophy is rare; that eversion is frequent and ulceration rare; and it will lead to the adoption of this practical and only safe rule, namely, Whenever the cervix uteri appears enlarged and denuded of tissue, make the trial test which I have described, and all doubt will be cleared away.

Treatment. If the foregoing views as to the nature and pathology of laceration be concurred in, the indications for treatment become as clear as that for harelip. While it is possible in many cases, especially of the milder forms of the injury attended by slight eversion, to effect a cure of the erosion by means of astringents and stimulating applications, the improvement is only temporary usually, and in most cases does not take place at all. Having realized the inefficiency of these "applications" and "treatments," Dr. Emmet devised and practiced an operation to take their place—an operation so simple that any one who has ordinary dexterity may perform it; so safe that it has never caused a fatal result, and so effectual that it accomplishes in a fortnight what alteratives and caustics can not effect in years, namely, an abiding cure; an operation which, instead of destroying the normal structure of the part, restores both its shape and almost its natural size. Having had occasion to perform this operation quite frequently, I have from time to time modified its various details, with the view chiefly of shortening the time of its performance, so that it has now come to differ from that of Dr. Emmet in almost every particular.

The instruments I employ are few and simple. They consist of a perineal retractor, a small double vulsellum forceps, a tissue-holder, a needle of peculiar construction, two pairs of scissors, and, where silver wire is used, an adjuster and twister. The use and application of each of these I will endeavor to exemplify.

The patient having been etherized, is placed upon a table properly prepared with bedding, sheet, pillows, etc. The table

need not be more than four feet long. While the semi-prone or knee-chest position is the best for the diagnosis of laceration, I very much prefer the dorsal for this and all other operations upon the cervix. The patient is drawn forward so that the coccyx projects four or five inches beyond the end of the table, the head and shoulders being well raised. Each lower limb is placed in charge of an assistant, by whom the thighs are abducted and moderately flexed on the abdomen. These two assistants should face the operator, and each should command the thigh of the patient with the arm nearest the latter. In this way each of them will have a hand at liberty for any other purpose that may arise. Two other assistants are necessary—one for the administration of the anesthetic; the other to hand instruments, use sponges, etc.

The operator, seated in front, now passes one or two fingers of the left hand into the vagina, and, having ascertained the position of the cervix, with the right introduces the retractor. The blade of this instrument is much broader, flatter, and shorter than that of Sims's speculum, and is, I think, much more convenient than the latter for all uterine operations done in the dorsal position. This is guided to its place in the posterior cul-de-sac by the fingers in the vagina, and the perineum being pressed backward while the vaginal walls are separated laterally the cervix is readily brought into view. The retractor is now given in charge of one of the assistants, who takes it with his disengaged hand. The anterior flap of the laceration is next seized with the vulsellum forceps and drawn down to the vulva. If necessary, this should be aided by supra-pubic pressure. Both flaps are now brought together, with the view of determining accurately the extent of the laceration, the proper position of the external os uteri, the amount of tissue to be removed, the number of stitches necessary for closure, etc. This having been done, a needle, such as I here show you, is passed through the anterior flap, which is steadied by the grasp of the vulsellum. The needle is rectangular in shape, with a very strong, short shank affixed to a handle. The needle proper has

no eye, but on one edge of its flattened blade, near the point, has a notch for the purpose of catching and carrying a wire or silk suture. This device is a modification of Skene's perineal needle. The requirement here is for a needle which shall be sufficiently strong to be pushed through the tissues (which are sometimes extremely dense), and which at the same time can be quickly threaded.

The needle is passed through as stated, unarmed, and so soon as its point appears the loop of a strong silk cord is caught in the notch of the needle by the assistant. The needle is then withdrawn, leaving the silk in the flap. The vulsellum is now transferred to the posterior flap and the same process repeated. By means of these threads, which should be sufficiently long to enable the assistant who has charge of them to draw them in any needed direction without incommoding the operator, complete control of the cervix is had throughout all the subsequent steps of the operation.

I formerly used a single thread which passed through both lips, but this prevented the easy separation of the latter, and I find the mode I now adopt much more convenient.

The next step consists in making raw the surfaces which are to be joined together. This is better and quicker done by scissors, and the cut surface bleeds less than when the knife is used. The shape and size of the flaps determine the amount of tissue to be removed. Sometimes when the lips are not much thickened and present a flat surface it is only necessary to take off a thin layer; but where they are hypertrophied and have a rounded, bulging surface, the entire convexity should be cut away. A practical and safe rule is to remove enough tissue to permit the opposing surfaces to be brought easily into contact. Care should be taken not to freshen the edges too near the center of the flaps, lest their subsequent union result in obliteration or narrowing of the external os. A space at least half an inch long should be left for this opening, for the subsequent shrinkage of the part will reduce this to the proper size. The denuded portions of the opposing surfaces should be equal in length and

width, so that when brought together they may be accurately coaptated. (Fig. 4.)

Fig. 4.

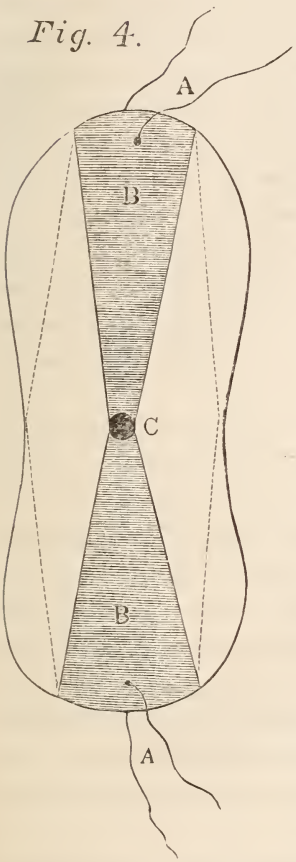


FIGURE 4 — A A represent the guiding threads in the labia, marking the center of the restored os uteri; B B, strips of undenuded tissue to form the continuation of the cervical canal; C, the apparent os uteri externum. The dotted lines indicate the direction in which the freshening of the surfaces is made.

The passing of the sutures is sometimes very difficult, owing to the thickness and density of the tissues. When ordinary needles are used it is necessary to have a strong needle-holder — one which permits the needle to be placed at any angle. The needles should have a cutting edge near the point, and should vary in length from three fourths of an inch to an inch and a quarter. They should be thick enough to allow of a large eye through which the loop of a doubled silk thread may pass. The eyes of most needles are too small. I formerly met with many cases in which there was difficulty in this step of the operation. I then used Emmet's needle-holder and vesico-vaginal fistula needles, but since I have made use of the needle just shown you I have found little or no trouble in this way. The first suture is passed at or near the inner angle of the fissure. The part being steadied by means of the vulsellum, the point of the needle is entered about a quarter of an inch from the edge of the freshened surface, and is made to emerge just at the edge of the undenuded strip which has been left for the continuation of the cervical canal. It is then reëntered at the corresponding point opposite, and, passing through the other flap, finally issues at a point opposite that of its first entrance. A silver wire eighteen inches long, bent at a sharp angle an inch from one end, is then hooked into the

notch of the needle, and on the withdrawal of the latter is left in place. Unless the flaps are of unusual thickness the needle may be thus passed through both of them before attaching the suture; and in that event it is unimportant through which flap it is passed first, although I usually prefer the posterior as being more convenient. But where they exceed a thickness of half an inch each it is better to transfix one at a time, and then it will be found easier to pass the needle first into the denuded surface of the anterior lip, and after placing the suture to detach the latter and reintroduce the needle from the vaginal side of the posterior flap, and then finish as just stated. The number of sutures required will vary according to the extent of the fissure. Usually from two to four are needed on each side. They should be placed about one third of an inch apart.

Either silk or silver wire may be used for the sutures. I have nearly always used wire, and know it to be reliable. Others prefer silk, and consider it equally good.

The sutures having all been inserted, the patient should be placed in bed, where ordinarily she ought to remain until the stitches are removed. This may be done as early as the eighth day; but I prefer, unless the prolonged confinement is especially irksome or contra-indicated, to allow her to remain until the ninth or tenth. In one case, in which they were removed on the eighth day, the adhesion of the flaps was so feeble that they subsequently separated, and a repetition of the operation became necessary.

The operation is not a very painful one, and an anesthetic is not always necessary, although usually desirable. I have operated on several occasions without using any, and the only complaint made generally had reference rather to the irksomeness of the position than to the other procedures.

Neither is there much pain or discomfort felt after the operation. Indeed patients usually suffer so little from it that it is difficult to make them appreciate the necessity for lying in bed afterward. And it is possible that this necessity has been overrated. Several times patients have, contrary to my directions,

resumed many of their ordinary duties after the third day. In one case, on the second morning after the operation, I found the patient dressed and sitting up, and she informed me that she felt less discomfort in the parts than she habitually did before the operation. In none of these cases did the seeming imprudence produce any bad result or prevent a successful issue. Dr. Skene states that he has operated eight times at his office and sent the patients home on the street-cars.

After-treatment. At the close of the operation I am in the habit of placing in the vagina the ordinary cotton tampon saturated with glycerin, with a string attached to facilitate its removal, and in the rectum a suppository of cocoa butter containing two grains of opium and one sixth of a grain of extract of belladonna. The tampon should be removed on the day following the operation, and the vagina should be carefully washed once or twice daily with warm water slightly carbolized. It is not necessary to prohibit the patient from leaving the bed to urinate or for other necessary purposes. Rarely I have had to use the catheter once or twice. The bowels, if not open spontaneously, may be acted upon by a mild laxative, followed by an enema on the fourth or fifth day.

Reasons why the Medical Profession does not accept the facts of Laceration of the Cervix Uteri.

As I stated in the outset, a comparatively small number of the members of the medical profession have given any attention to the subject of laceration. Many to whom the facts have been presented have contented themselves with denying their existence without making any effort either to prove or disprove them. Some who can not be supposed to be unfamiliar with what has been written upon the subject seem to ignore it altogether. As an example of the latter class, I may mention the name of so great and prominent a teacher and author as J. Matthews Duncan, who, in his recent work on the Diseases of Women, referring to a case of chronic catarrh of the uterus, thus describes the state of the parts as revealed by physical exploration: "*Per*

vaginam — cervix uteri is in normal situation, considerably enlarged by expansion so that two fingers can easily be introduced; quite soft, and partially denuded of epithelium, and secreting a yellow muco-pus." A patient in such physical condition would have a uterine catarrh certainly, but what would be its cause? Can any one doubt from the description that this was a case of laceration with eversion?

But this need not surprise any one. All new truths in medicine, or rather those which seemed new, have been met in a similar manner. There are, however, some especial reasons why laceration of the cervix and its pathological importance have not been recognized, and upon these I desire to comment briefly. They are as follows:

1. *The frequent neglect of physical examination.*—It is too much the custom among physicians to base their treatment upon the subjective symptoms alone. In the disorders of women such a course can rarely be successful. It is simply guess-work—guessing at the diagnosis and guessing at the treatment. During the child-bearing period of life especially there are comparatively few of these disorders that do not originate in or extend their influence to the reproductive organs, and if these latter be not interrogated very important elements of diagnosis are likely to be omitted. A faulty or imperfect diagnosis results in erroneous if not injurious treatment. The debility, nervousness, anemia, and other results of organic pelvic disease are treated by so-called tonics, nervines, and blood-restorers, while the underlying cause of all the mischief is allowed to continue its destructive work. It is as though the pumps of a sinking vessel were worked and no effort made to stop the leak. Where there are present in any given case such symptoms as deranged menstruation, more or less constant leucorrheal discharge, headache, pelvic, vesical, or rectal pains or discomfort, the indications for a physical examination of *all* the pelvic organs should be considered imperative and an essential prerequisite to treatment. Yet I know that patients suffering from such manifestations of disease are frequently treated, sometimes for many months, without any

adequate means having been taken to ascertain the condition of the parts in question. Such negligence as this would result not only in the failure to detect a laceration, but any other morbid condition of the pelvic organs.

2. *Faulty methods of examination.*—Among those who are diligent enough to make physical exploration when it seems demanded, there is much room for criticism as to the manner in which it is done. The most common fault is perhaps a want of due care. Many facts which might readily be ascertained are not even sought for. This need not be for want of proper instruments. The very best of these—the index finger—is always at hand. It is the most valuable of all gynecological investigators, and when properly educated and used to the full extent of its capability there is scarcely any of the pathological conditions of the pelvic organs in women which can escape its detective powers. The tubular speculum, which is exclusively used by many, is not only incapable of aiding in the discovery of laceration of the cervix, but actually prevents such discovery. The various valvular specula, while not quite so useless for this purpose, are nearly so. Neither of these forms of the instrument are valuable for diagnostic purposes. None of them permit, except in a limited degree, the sort of exploration which is necessary. The duck-bill speculum has never become popular in private practice, and it is doubtful if it ever will. It can only be used with the aid of an assistant—an objectionable feature to many women—and some degree of exposure almost necessarily attends its employment. Its efficient use is likewise frequently productive of pain. For these reasons it is comparatively seldom used. And yet, as we have seen, without it a laceration of the cervix is almost certain to escape detection.

3. *Reluctance to abandon old doctrines for new ones.*—Physicians as a class are conservative, and this is well. When they are asked to give their assent to new facts and new doctrines they do rightly to ask for proof of the correctness and genuine character of the new things. When, however, they not only do not ask for such proof, but deliberately refuse to receive it when

offered, they cease to be conservative; they are bigoted. Are any of us free from this fault? We all know that it is not pleasant to give up old beliefs, old modes of thought, and adapt ourselves to new ones. Humiliating though it be, it is a fact that truth is not welcome to us unless it come quietly and take its place side by side with that which has come before. If it approach as a displacer or usurper we do not bid it enter, but guard our portals against it.

Applying these remarks to our present subject, we can at once appreciate the dilemma in which many physicians find themselves. If they admit the frequency and importance of laceration of the cervix they must abandon the long-cherished phantom of ulceration; they must acknowledge a long persistence in erroneous opinion and practice: if they abolish the theory of "womb-ulcers" they must cease "burning them off"—a fee-getting if not a health-giving practice. When a man's knowledge of womb-diseases is limited to "displacement" and "ulceration" he can not afford to relinquish much, or he will have no uterine pathology left! The establishment of the facts of laceration implies the abandonment of the ulceration theory and the speculum and caustic treatment which was its legitimate offspring—a mode of treatment which embodied more professional malpractice than it is possible to estimate; that has produced in untold hundreds of women deformed, maimed, and sterile wombs; and that has resulted, both by what it did and what it prevented from being done, in more injury to the health and happiness of the women of this land than a generation of enlightened physicians can atone for.

Chicago, Ill.

FOREIGN CORRESPONDENCE.

My Dear Yandell: LONDON, June 15, 1880.

The medical profession are going smoothly on their way without much prospect of any medical bill to disturb them this session at least. The excitement of politics is subsiding until some act of folly or stupidity on the part of the Government, about to be perpetrated, shall rouse the country up. Even the excitement of the treatment of cancer by chian turpentine has cooled, and opinion is suspended until the report of the results of its use by Mr. Hulke in the cancer-wards of the Middlesex Hospital are published. Personally I have exceedingly little faith in any successful treatment of cancer at present, either from an empirical or a scientific point of view. The time is not come, is not ripe for it yet.

A subject recently ventilated is that of the management of the convalescent stage of infective disease in the interest of the patient and in the interest of persons who may become infected. Dr. Ransome, of Manchester, gives his views first. He points out the weighty responsibility of general practitioners in having to decide on such subjects as the return of children to school or that of servants returning to the place of their employment after infectious disease. He further shows that they have at their disposal no work to guide them, "no body of evidence, sifted and verified by competent observers, to which reference may be made in cases of doubt." He thinks that it is very desirable, in the interests alike of the public and the profession, that some agreement or approach thereto be come to. As matters are, very serious differences of opinion may ensue between two medical advisers, as, for instance, the family attendant and the medical man of a school. An illustration of this was recently afforded by a trial as to the removal of a boy with scarlet fever from his bedroom in the head-master's house at the Epsom Medical Benevolent College to the infirmary. The father of the boy, a medical man, held the view that such removal—the

infirmary of the college not being in a proper and fit state for his reception, had conduced to the lad's death. The head-master and the doctor to the college reckoned that they had acted properly. A trial ensued, which drew public attention to the matter, if it had no other satisfactory result.

Dr. Ransome very shrewdly remarks, "Even without a sufficient foundation of facts, if the medical world were agreed as to the limit of safety there would perhaps not be much harm done beyond the probable waste of time involved in getting to the safe side of precautionary restrictions; but unfortunately even this refuge is withheld from us, and a medical man, after giving his own opinion on the subject, is not unfrequently told that his neighbor, Dr. So-and-so, has fixed a less onerous burden of quarantine, and thus confidence is destroyed and vexatious disputes are carried on without any court of appeal at which to settle them." Several individual attempts have been made to try to settle the subject, but as yet without furnishing such data as would provide any canons for practical use.

As to measles and hooping-cough, he thinks it useless to attempt to arrest their spread by quarantine. As to typhus and typhoid fevers, it is no doubt convenient to have hospital accommodations for them, but rather for the treatment of the patients—as by cold baths, for instance—than for the purpose of preventing infection. As to how long the stools of typhoid-fever patients possess infecting power, he can give no definite surmise, nor can he say more as to the duration of infection in typhus fever. The remarks about typhoid apply, he thinks, to cholera. Diphtheria, he holds, ought to be isolated, as being somewhat infectious. Proper treatment of sewers, cesspools, etc., he thinks would do more to stamp out diphtheria than all the machinery of isolation and disinfection.

The only disease for the prevention of which isolation is likely to be needful permanently is scarlet fever. For the purpose of isolation he does not think large hospitals well adapted. He would prefer a number of comparatively small reception-houses in various localities. About scarlet fever there is some

unanimity of opinion in the profession, but about the length of time which must elapse before the clothes of a scarlet-fever patient lose their infective power nothing is known. As regards the individual, he is supposed to lose his infecting power on the completion of desquamation. He thinks this period might be greatly abridged if the disinfectant treatment of Dr. Wm. Budd was universally carried out. The clothes should also be thoroughly disinfected. As to smallpox, efficient vaccination would dispose of it.

Francis Vacher, the medical officer of Birkenhead, thinks that for any thing like efficient dealing with the matter of the prevention of the spread of infection three things are requisite—"information, powers, and accommodation." By information he means the compulsory notification of disease—only a portion of the cases being reported, in his opinion. Information, however, is of very little use without the power to deal with cases. An act by which patients suffering from infections could be removed on a justice's order (1) when he is without proper lodging or accommodations, or (2) lodged in a room occupied by more than one family, or (3) on board ship or vessel, is, he holds, desirable. He thinks there should be hospitals for the reception and treatment of patients, and also "homes for convalescents." The first are now provided; the latter are in the future only, as there exist no authorities for their provision. There are many convalescent homes now in existence, but none for the receipt of convalescents from infectious diseases. These last are studiously and carefully barred out every where.

Prof. Spence, of Edinburgh, returns to his attack on the statistics of Listerism. A leader in the British Medical Journal rouses his wrath. Mr. Spence speaks his mind very straight. He says of it, "Except for the very distorted view which the leading article gives of the evidence adduced, both regarding the statistics and also Prof. Lister's replies to my request for explanations about some of the statements and omissions in his speech at the antiseptic discussion at St. Thomas's Hospital, I certainly should not have noticed it, as I had no wish to prolong

a controversy which interfered with other engagements and also makes me appear to be an opponent to antiseptic surgery while I only object to its exaggerated claims. Under the circumstances, however, I feel forced to call in question the editorial judgment as 'against evidence,' and my delay in doing so until now has arisen from my absence from home since it appeared." He complains that part of his text was "suppressed," and thinks the explanation made for the objectionable act very lame. Mr. Spence says, "I stated at the outset that I did not intend to enter on the general merits of the antiseptic system, as I was and had been for some time engaged in testing it with other methods, and that when I had fairly tried it I would return to the subject. I limited myself to show what results were obtainable by other methods by demonstrating what had been obtained, and I did this by comparing the results of sixty cases of major amputations for disease when my method of dressing was exceedingly simple with sixty-four similar cases of Mr. Lister's after his system had been perfected. The absolute statistical results were—

Mr. Lister, 64 amputations, ... 5 deaths.
Mr. Spence, 60 amputations, ... 3 deaths.

According to the editorial article this is not the point at issue. What we do want,' it says, 'is evidence that the same constant results which are so notable a feature in antiseptic treatment under any circumstances can be obtained by "simple" methods of dressing under unfavorable circumstances.' Here it will be observed that the writer assumes the *constancy* of favorable results in all cases treated on Mr. Lister's system. If that were granted then no other method could compare with it, for no other system claims such infallibility in results. But there is really nothing, even in Mr. Lister's own statistics, to warrant such conclusion. It is the very question at issue. For my own part, a pretty long and extensive experience of surgical practice has shown me that constitutional and other conditions beside mere local or external causes or methods of dressing affect the

mortality after operations or injuries, and from ignoring such conditions the antiseptic system is likely to suffer. The writer also chooses to assume that the results I gave show merely a series of favorable cases occurring during three consecutive years. The cases were just the usual class requiring amputation, neither better nor worse. He also makes a statement that some of these operations were apparently performed in private practice. There is no foundation whatever for such a statement; all the sixty cases were operated on in the Edinburgh Royal Infirmary."

This is correcting erroneous statements pretty vigorously.

As regards his position in this controversy, Mr. Spence is anxious to correct wrong impressions, and concludes as follows: "In concluding I must protest against being supposed an opponent of the antiseptic treatment because I object to the exaggerated claims put forth for it by some of its most enthusiastic advocates. I have used the method pretty extensively, both in hospital and private practice, with excellent results, and I should be sorry to oppose any method which promises to add to our resources in surgical treatment. But I can not admit its exclusive claims nor dismiss as baseless and visionary the experience I have had in the past, in my own practice and that of others, of the good results of simpler methods. Like every other system, the 'antiseptic' has its dangers — some inherent, others incidental; and among the latter not the least is its tendency to concentrate the attention on the modes of dressing to the exclusion of constitutional and other causes of danger."

What Mr. Spence points out is what every thoughtful friend of Listerism sees looming in the distance. If there springs up such unbounded confidence in Listerism as the leader quoted from advocates, then the less thoughtful surgeons will begin to discard those other matters on which Mr. Spence so justly lays stress, and will most certainly bring discredit on a system which possesses the greatest promise. No one could deprecate more sincerely such an unfortunate result than Prof. Lister himself. He has built up his system by taking infinite pains in all his measures.

If the success so attained is to be marred by the folly of an assumed infallibility which will shield the careless and the thoughtless from the consequences of their folly it will indeed be grievous to the illustrious founder of the system and his friends. Nothing could conduce more to such an undesirable result than the partisan advocacy which Mr. Spence so reasonably condemns. That this is no imaginary danger, but one already taking form, the story told me by Mr. Knowsley Thornton, and given in a recent letter, demonstrates. Neglect of all other matters than the mere dressing of a surgical wound will soon bring any system, however excellent, into danger and disgrace.

Reviews.

Pharmacology and Therapeutics; or, Medicine Past and Present: The Goulstoinan Lectures delivered before the Royal College of Physicians in 1877. By T. Lauder Brunton, M. D., F. R. C. P., F. R. S., Assistant Physician and Lecturer on Materia Medica and Therapeutics at St. Bartholomew's Hospital. London: Macmillan & Co. 1880. Pp. 212.

Abundant testimony from the most observant members of the profession has been uttered within the last few years that therapeutics as a department of medicine has not kept pace in development with other departments. Our author says, "Although few persons possessing any knowledge of the history of medicine will deny that therapeutics has made some progress during the last thousand years, yet it is impossible to read the writings of the ancients without feeling that if some of the old Egyptian physicians, not to mention such men as Hippocrates and Galen, were to arise from their graves and commence practice we should have but little cause to sneer at their treatment, although we have the advantage of possessing the medical knowledge accumulated during the two or three thousand years which have elapsed since they flourished." But the book from which this quotation is made is the sufficient evidence that we have entered upon a broader and clearer road, and are about to make more rapid progress than in all previous time; and it is just such men as Dr. Brunton who will lead us to a better knowledge of old drugs and teach us how to ascertain the value of new ones. And it is just such clear, concise books as the one before us that will awaken the reader to a proper apprehension of the distinction between scientific pharmacology and therapeutics and what is ordinarily included in the phrase materia medica and therapeutics. Here is a book of less than

forty thousand words that, carefully studied, will give the earnest seeker after the real science of curing the ill more insight in that behalf than he can obtain in more pretentious books of twenty times the amount of reading matter.

After calling attention to the successive steps by which medicine in general has progressed from the earliest ages to the present, Dr. Brunton points out how difficult it is to obtain reliable information concerning the therapeutic value of medicines from clinical observation alone, because so many factors, occult and indefinite, enter into the causes that bring about results, good or evil, in the ill under treatment, that the effect of one or more of them can not be accurately measured. Nevertheless empiricism has been our chief source of knowledge in therapeutics, and enlightened empiricism will still hold an important place in our means of acquiring correct information in this department of medicine.

Dr. Brunton then sets forth that future therapeutics is to attain its highest development through the agency of pharmacology; that is, the study of the powers of drugs themselves; and this chiefly through their action on man in a physiological state, and this founded on the inquiry into their effects on the lower animals through rigid and exact experiment. As indicating the methods to be pursued in this direction, he presents three illustrations and illustrative instances of the determination of the therapeutic application of influential drugs by demonstrating their effect on the physiological animal. First, he narrates circumstantially the progressive steps taken by Magendie to work out beyond question that upas, which was afterward determined to be identical with strychnia, exerted its influence directly on the vesicular neurine of the spinal cord. When these experiments were ended there was nothing left to inference; the conclusion reached was established with mathematical certainty. And this was the first instance of arriving at the medicinal value of a drug through pharmacological processes. In the second place, with like succinctness and comprehensiveness he details the procedure by which Bernard demonstrated

the influence of curare on the terminal ramifications of the motor nerves; and as his third illustration he shows how himself experimented with casca bark, an African ordeal poison, until he worked out its close resemblance to digitalis, differing from it principally in its more immediate effect on the arterioles.

In the presentation of this series of experimental demonstrations as paradigms, our author, in an easy, natural, and pleasant sequence, introduces many anatomical, physiological, and pathological facts in such relation as to exhibit the necessity of a comprehensive knowledge of all branches of medicine in order to be a successful leader in any one of its departments.

From the direction of pharmacology the author anticipates continued and great improvement in therapeutics, and one can not rise from a perusal of his little book without joining him in that conviction and feeling that he is of those who will contribute largely to make his prediction of to-day a realization of to-morrow.

There is an unusual sense of psychical satisfaction in the perusal of Dr. Brunton's book, such as comes only of good material carefully arranged and treated with a fullness of knowledge that leaves on the reader's mind a spontaneous conviction that the author has accomplished precisely the task he had marked for execution, omitting nothing, nothing redundant.

The Principles and Practice of Gynecology. By Thomas Addis Emmet, M.D., Surgeon to the Woman's Hospital of the State of New York, etc. Second edition, thoroughly revised. With one hundred and thirty-three illustrations. Philadelphia: Henry C. Lea. 1880.

The preface to this edition is as follows: "The unusually rapid exhaustion of a large edition of this work, while flattering to the author as an evidence that his labors have proved accept-

able, has in equal measure heightened his sense of responsibility. He has therefore endeavored to take full advantage of the opportunity afforded him for its revision. Every page has received his earnest scrutiny; the criticisms of his reviewers have been carefully weighed; and while no marked increase in the size of the volume has been made, several portions have been rewritten and much new matter has been added. In this minute and thorough revision the labor has been much greater than is perhaps apparent in the results, but it has been cheerfully expended in the hope of rendering the work more worthy of the favor that has been accorded to it by the profession."

We have quoted the above that our readers may at once see how favorably the book has been received and how thoroughly it has been revised by its conscientious, painstaking author. We have already expressed our high appreciation of this work in our notice of the first edition, and we are very glad to find the second edition issued so soon.

While writing this notice our eye glanced upon the following passage in the *Gazette Obstetricale* of June 5th: "Almost every gynecologist has his own pathogenic theory. Henry Bennett and Gallard attribute to uterine inflammation most of the diseases of this organ; T. Gaillard Thomas considers sub-involution as the most frequent cause; while Emmet makes pelvic cellulitis and cervical lacerations produce almost all the affections of the uterus."

It remains for the future to decide whether these latter causes are as potent as Dr. Emmet teaches. So numerous are the books on diseases of women, and so various (often conflicting) are the views of different writers, that the profession would receive with the greatest satisfaction a digest of the truths taught by each, reconciling all conflicts and bringing out in clear light all assured results, if only the time and the man had come for such codification!

Antiseptic Surgery: An Address Delivered at St. Thomas's Hospital, with the Subsequent Debate; to which are added a Short Statement of the Theory of the Antiseptic Method, a Description of the Materials Employed in carrying it out, and some Applications of the Method to Operations and Injuries in Different Regions of the Body, and to Wounds Received in War. By William MacCormac, M. A., F. R. C. S. E. & I., M.Ch. Hon. Caus. Surgeon, and Lecturer on Surgery, St. Thomas's Hospital, Consulting Surgeon to the French Hospital. London: Smith, Elder & Co., 15 Waterloo Place. 1880.

The secretary of the London Branch of the British Medical Association asked Mr. MacCormac to prepare a paper on Antiseptic Surgery. In answer, Mr. MacCormac embodied his views on that topic in an address, which he delivered in December last at St. Thomas's Hospital. The audience which assembled on the occasion contained representatives from the several medical schools of the metropolis. The debate which followed the address was participated in by many eminent surgeons, and may fairly be considered to express the surgical thought of London. And the surgical thought of London is confessedly among the best and most advanced of the day. So modest was Mr. MacCormac that it did not occur to him to give either the address or the debate any further publicity, until Mr. Spencer Wells—always alive to the interests of science—suggested that it should be done. The consent of those who took part in the discussion was next obtained, and the present volume is the result. Beside containing his admirable address and the remarks of the distinguished participants in the debate to which the address gave rise, Mr. MacCormac has with a laudable desire to increase its usefulness made a number of additions to the work. Among them may be mentioned a very brief but exceedingly lucid statement of the more prominent points of the theory on which the antiseptic practice is based, and which in our author's opinion is essential to the successful application of the antiseptic system; a full description of antiseptic materials and the manner in which they are prepared; while a chapter is given to some of the

practical applications of the method, including reports of many interesting cases. Further, the work contains a large number of particularly well-executed cuts of different forms of spray-producers, of sutures and drainage-tubes, of bandages, tampons—in a word, of most matters in antiseptic practice which are made clearer by illustrations.

The position of antiseptic surgery has been, in more ways than one, singularly odd. As a scientific question, it was said by Mr. Lister's ablest hospital colleague, Mr. Jno. Wood, to be "so momentous that it would be difficult to exaggerate its pressing importance, not only to the profession, but even still more to the public," while the more enthusiastic of its advocates think it not too much to say that Listerism is but another term for "surgical safety and all the great consequences which follow from it." And yet although the antiseptic system has been on trial for now more than fifteen years, how little has been written upon it in a systematic, practical way! In England, the present home of its illustrious author, an occasional magazine article, reports of a few cases now and then, a fragmentary clinical lecture with snatches of acrimonious talk at societies constituted until very recently the literature of antiseptic surgery within reach of the average reader. In America this journal published in 1879 the original and very valuable lectures of Mr. John Chiene, of Edinburgh, on antiseptics, which, up to the time of the volume before us, contained much the best account both of the theory and the practice of Listerism.

But, tempting as this branch of the subject is, the want of space obliges us to defer to a future day much that we had desired to say, and to omit many extracts from the volume which we had desired to use. Some time back we took occasion to remark that Mr. MacCormac would prove one of the staunchest as well as ablest advocates of antiseptic surgery. That opinion has received quick confirmation in the work before us, of which it affords us real pleasure to speak in terms of the very highest commendation. The address with which the volume opens is admirable. The debate which it provoked will remain among

surgical polemics as a model of courteous directness, philosophic fairness, critical cleverness, English independence, and blunt honesty. The supplementary chapters of the author are essential to a practical understanding of the workings of the antiseptic system, and the book would have been incomplete without them. As having furnished the only full and systematic treatise which has yet appeared in the English language on antiseptic surgery—and withal a most attractive book—Mr. MacCormac has done the profession a genuine service. We hope the work will soon be issued from an American press in a form as handsome as that which it now wears, when it can not fail to find its way to the libraries of all who care to know of the history and present status of the most momentous question of all modern surgery—that of the value of Listerism.

Lessons in Gynecology. By William Goodell, A.M., M.D., Professor of Clinical Gynecology in the University of Pennsylvania, etc. With ninety-two illustrations. Philadelphia: D. G. Brinton, 115 South Seventh Street. 1880.

This is the second edition of Dr. Goodell's admirable book, the first edition having been exhausted in six months. The Lessons have been partially revised and four new ones added. It is unnecessary to add a word to what has already been said in these pages commending this volume. It has received just professional approval, and is destined to a wide circulation and great usefulness.

Clinic of the Month.

Salicylate of Sodium in the Treatment of Iritis.—Dr. Chisholm, Professor of Eye Diseases in the University of Maryland, writes, in the Archives of Ophthalmology, that salicylate of sodium has accomplished good work at the Presbyterian Eye and Ear Hospital of Baltimore in the treatment of acute scleral and iritic inflammations. In the latter disease especially has its effects been the most satisfactory and its controlling action the most prompt. Its good work has been exhibited in cases of idiopathic iritis, whether the inflammation originated from specific poisoning or from other internal causes. In many cases the disease when at its height is influenced so readily that in the course of twenty-four hours a marked improvement is experienced in the symptoms, with relief from pain and a subsidence of the injection—a satisfactory evidence that the paroxysm of acute iritis has had a serious check. In comparatively a few hours convalescence sets in, and is steadily progressive to a speedy and perfect cure of the acute inflammatory process.

The doses necessary to bring about these good results are large, and must be frequently repeated at short intervals. Water forms a ready solvent for the salt, to which any aromatic addition, as tincture of cardamon, ginger, orange-peel, or extract of liquorice may be made to mask its disagreeable taste and to complete what is usually called by dispensing-druggists an elegant preparation. For hospital work the dose is twenty to thirty grains taken in a wine-glass of water and repeated every three hours, making from one hundred and fifty to two hundred grains of the salicylate of sodium for the first twenty-four hours of treatment, to be continued until the desired effects are produced. Should the paroxysm show decided indications of yielding at the end of the first day, the intervals may be increased to

four hours, then to three times a day, slowly tapering off until the remedy is no longer needed. At times the stomach is much irritated by these doses, and nausea even to vomiting is induced. The head will ring as if from full doses of quinine, and temporary deafness is a very common sequel of the liberal administration of this drug. Some of my patients have complained of cerebral excitement, and even of hallucination not always in a pleasant form. All of these disagreeable symptoms have promptly disappeared when the remedy is discontinued, and do not always accompany its administration.

If decided benefit is not observed in forty-eight to seventy-two hours the salt is not likely to prove useful in the given case, and the stomach and head disturbances require a change of treatment. I have promptly checked recurrent attacks of specific iritis in a few days by the administration of the salicylate of sodium, which, under the usual treatment of mercury and the iodide of potash, would necessitate weeks of medication to bring about the same salutary results. With the salicylate treatment mydriatics of course can not be omitted.

Litholapaxy.—In an excellent paper on this subject by Dr. E. L. Keyes, in the Annals of the Anatomical and Surgical Society of Brooklyn, he states the following practical points:

1. Litholapaxy is applicable to all stones in the adult capable of being broken by an instrument which can pass the urethra. Multiple stone is rather an advantage than otherwise where there is much calculous material.

2. Stricture does not contra-indicate the operation. If near the meatus it may be cut at the time of crushing the stone. If deeper it should be cut or stretched by preparatory treatment.

3. Prostatic hypertrophy is no bar to the operation so long as solid instruments of reasonable size can be made to enter the bladder without the use of force.

4. Age is no bar to the operation.

5. Inflammatory conditions of the bladder do not contra-indicate the operation, although undoubtedly a reasonably healthy bladder furnishes a better field.

6. Chronic Bright's disease, heart-disease, and general debility do

not so seriously contra-indicate this operation as they do others upon the urinary tract, and may be almost disregarded, unless so far advanced as to make any other surgical maneuver upon another part of the body undesirable. Preëxisting pyelitis is the gravest complication which can (immediately) compromise the success of the operation.

7. The operation should not be undertaken without a large previous experience upon a dead body or a small experience upon the living subject with old-fashioned slow lithotrity without ether.

8. A lithotrite which can not be made to clog, will not readily catch the bladder, and is as small as will satisfy the requirements of the stone as to size and hardness, is desirable. The tubes may be straight or curved as large as the urethra will admit comfortably after cutting the meatus, if necessary, and any efficient washing-bottle can be used which may suit the operator's fancy if it be a bottle which will not allow air which may have accidentally entered the bladder to remain there.

9. A surgeon should not undertake the operation unless he feels confident that he can recognize the fact at once if he catches the bladder, so that he may drop the fold of mucous membrane immediately without bruising it.

Preparatory Treatment. I think it better, in all cases where inflammatory symptoms are at all active, that the patient should rest in bed for a few days before the operation is undertaken, drinking freely of Bethesda or Poland water, or taking a milk diet with a little of some bland alkaline diuretic such as the citrate of potash.

If the urine be acid and reasonably clear this is all the preparatory treatment required. Should the urine be ammoniacal, putrid, highly purulent, especially if atony of the bladder coexists with decomposition of the urine, the bladder should be washed out once or twice a day with a strong solution of borax in hot water, a tablespoonful (more or less, according to the patient's sensibilities) of borax to the pint of water at above 38° C. (100° F.). Benzoic acid or one of the benzoates may be administered by the mouth at the same time, if the stomach be vigorous; otherwise I prefer Bethesda or Poland water in free doses, from one to three pints a day.

In any case the urethra should be thoroughly tested with a smooth steel sound of large size, to insure its patency, and that the operator may become familiar with any peculiarities of the canal.

None of this preparation is absolutely necessary, but it is desirable. On more than one occasion I have gone out of town to operate upon a patient who had no preparatory treatment, and with the happiest result. But I have always gone prepared for any emergency.

Such ordinary treatment as the use of quinine and what anodyne

may be required is governed by the rules applicable to all cases of urinary surgery.

After-treatment. The after-treatment is equally simple. The catheter may be required to relieve temporary retention of urine. The washings with borax are indicated in all conditions of atony or where the urine has been previously putrid in any degree. Otherwise nothing is usually called for except a little quinine, more or less anodyne for a few days, a continuance of Bethesda water or the alkaline diluent, and rest in bed for perhaps a week. I am accustomed to assure a patient that if all goes reasonably well he will be up and about in one week after his operation.

A final wash and search for possible last fragments can not be omitted after the patient is up and about before dismissing him as cured.

The Operation. The patient is left upon his back on his bed, which for the convenience of the operator should be a high one. His hips are raised a little upon a pillow, and a rubber cloth is placed beneath him. One assistant attends to the ether, another to the washing-bottle. No other assistants are necessary unless the case is one of those exceptional patients who do not lie quiet or who become rigid under an anesthetic. In such cases two more assistants are necessary to hold the knees quietly apart.

If the urine has been ammoniacal and decomposed the first step in the operation is to introduce a tube, and after having drawn off the urine thoroughly wash out the bladder with a warm solution of borax. A little of this wash is left in the bladder, and the crushing is then carried out according to ordinary rules, from six to twelve seizures being made in rapid succession until a fair amount of detritus has been created. Then the tube is introduced and the bladder washed so long as fragments continue to fall freely into the receiver, changing the position of the end of the tube in the bladder from time to time. The lithotrite is reintroduced and the washing repeated until the bladder is empty of stone. A little fine dust may remain and come away during urination, or even a small fragment may be overlooked or left behind knowingly rather than prolong the operation greatly.

Hyoscyamia in Insanity.—Dr. John P. Gray, Superintendent New York State Lunatic Asylum, thus speaks of this alkaloid:

As a sleep-inducing remedy hyoscyamia will often succeed in cases of furious insanity, where other remedies fail, and it has the advantage that it can be easily and safely administered hypodermically. In some

cases of violent mania, where there is failure in cerebral energy, a combination of hyoscyamia and morphia is desirable. I have given, in cases of depression bordering on melancholia, and cases of high nervous excitement with muscular restlessness, the following: ℞. Ext. nucis vom.; morph. brom. āā grs. 8; piperin grs. 10; hyoscyamia grs. 3. Ft. pil. 30. Sig. One twice a day, and reduce to one at night.

I have seen very beneficial results in this class of cases from the twentieth to the fiftieth of a grain of hyoscyamia three times a day. The dose of the crystal varies from the fiftieth to the half of a grain, and as high as three quarters has been given.

There are some who may take large doses without any apparent effect. It may be fairly stated, I think, that if, after the administration of a few doses, it does not produce a quieting and calming influence, it should be discontinued, and other remedies, such as chloral, morphia, conium, or the bromides substituted. No remedy is universally applicable nor universally beneficial. In high excitement, where there is considerable plethora, I have found it advantageous to give the bromides internally and the hyoscyamia hypodermically, and in others to alternate hyoscyamia with the bromides. These remedies together are especially useful in mania associated with epilepsy.

In paroxysms in chronic insanity, where persons are in a state of mental perturbation, and under the control of marked delusions, and inclined to destroy or take off their clothing, and keep up what might be called a constant "fussing and mussing," small doses of hyoscyamia internally or hypodermically are very useful. This condition occurs in cases of incomplete dementia as well as in chronic mania. The medicine seems to relieve the muscular and nervous restlessness, and to quiet the cerebral perturbation.

We had long been familiar with the value of the other preparations of hyoscyamus in these cases, but the alkaloid is so much more active, and so much quicker in action, and gives such immediate relief to the irritability of the brain, that its value is conspicuous. As a rule in such cases it is not necessary to continue the remedy for any length of time. Indeed it is generally quite sufficient to give it once or twice a day, or once a day and once at night for a few days—then intermit. We have found it very useful as a medicine, and in no instance harmful. Discriminately used, it certainly aids in the comfort and restoration of the patient. To be able to give even reasonable brain-quiet to conditions of frenzy is quite as comforting and aidful as to relieve the restlessness of a fever patient by a bath, and saves from just so much useless wear and tear.

I have found it beneficial in hysteria, and also in chorea. I have

not had the opportunity of personally observing its influence in delirium tremens.

We have not found it particularly valuable in chronic insanity, where very marked delusions are quietly held; that is, when the insanity is fixed and there is no raving or frenzy, and when, if there is resistance to food, care, etc. it is due to a quiet determination to carry out this purpose. (American Journal of Insanity.)

Benzoate of Soda in Parasitic Diseases.—This substance is greatly vaunted in Germany as a specific against parasitic diseases, among which are ranked pneumonia and pulmonary tuberculosis. Rokitansky makes his patients inhale, by means of a spray apparatus, a gram of the drug for each kilogram bodily weight. Schwitzler, also partisan of the anti-parasitic treatment of phthisis, gives preference to inhalations and subcutaneous injections of phenic acid. Klebs, of Prague, signals the efficacy of benzoate of soda in all febrile diseases having an infectious character. The fever does not yield as quickly as with quinine or salicylate of soda, but it disappears in a more certain and permanent manner. Letzerich recommends it in the treatment of diphtheria. Upon twenty-seven patients treated during an epidemic he affirms to have lost but one, and that a child. In these cases the benzoate of soda is employed internally, the dose being from five to twenty grams, according to age, in about six ounces of vehicle, and externally in powder applied to the affected parts.

A New Treatment of Smallpox.—A Lyons doctor has discovered a new mode of treatment in smallpox which he asserts is preëminently curative. As it is well known that death arrives in this disease at two distinct periods—in the first three days when the eruption with difficulty manifests itself, or when the multitude of pustules inflame and throw into the circulation the suppuration of the face, chest, and extremities successively—it is against this last danger that the doctor in question has adopted this treatment, which consists in painting toward the end of the seventh day, when the suppurating fever commences,

the whole surface of the body, commencing at the feet, with a mixture of glycerin three parts, tincture of iodine one part. This painting process is renewed every four hours until the twelfth day of the disease. Our *confrère* asserts that he treated thus seven cases of confluent smallpox successively.

Hypodermic Quinia.—A Russian doctor, in St. Petersburg Medical Gazette, recommends the hypodermic injection of quinine in the treatment of certain fevers in which the alkaloid is indicated, on account of the certainty and rapidity of its action. Besides, quinine thus administered had upon the uterine contractions in confinements a powerful and prompt influence. M. Smoliskii employs from preference chlorohydrate of quinine which did not crystallize at a moderate temperature. He dissolves it in distilled water.

Bromide of Ethyl.—M. Terrillon communicated to the *Société de Chirurgie* his experiences of bromide of ethyl. He had already employed it a dozen times, and in every case he saw produced a white spot after one or two minutes, indicating anesthesia of the skin. The pain was *nil.* The white spot was not indispensable, but he always remarked it.

Notes and Queries.

THE AMERICAN MEDICAL ASSOCIATION.—Over eleven hundred and fifty doctors registered in New York on the 1st day of June, 1880, as members of the American Medical Association, assembled to constitute its thirty-first annual session. Association Hall, Twenty-third Street, near Fourth Avenue, was the place of holding the general sessions, and in the same building and in the edifice of the College of Physicians and Surgeons near by were provided rooms for the several sections.

After an appropriate prayer the address of welcome was delivered by Dr. T. Gaillard Thomas in the stead of Dr. S. O. Vanderpool, originally appointed chairman of the Committee of Arrangements, but now absent in Europe. Dr. Thomas delivered, as all anticipated, a chaste and thoughtful address, pointing out the progress of the city in the sixteen years that had elapsed since the last previous meeting of the Association in New York; alluded to the business palaces of its princely merchants and bankers; referred to its miles of hospital wards, almost numberless benevolent and charitable institutions, and the generous sums contributed for their maintenance; and spoke with acceptable pride of the number, variety, and completeness of its scientific establishments, and of the earnest work accomplished in them, finishing this part of his theme with the just expression that New York "should to-day be known as the 'city of noble charities' and the home of healthy, vigorous science," and closing his eloquent address with the words, "In the name of the united profession of the city of New York, and with outstretched hand and glowing heart, I bid you welcome, thrice welcome, to our home."

Dr. Lewis A. Sayre, president of the Association, followed with his official address, early in which he announced the unique

idea that jealousies, bickerings, and backbitings that formerly existed among the members of the profession had disappeared because "the science of medicine has been so much enlarged . . . as to require that every moment of a man's time be occupied in the closest study if he would keep himself abreast with the daily improvement in our profession, and he who is thus occupied has no time to study the defects of others." Conceding this to be a true picture of the fraternity in the metropolis of the nation, may we not hope that in time this beatific condition will spread over the profession of the whole land? It has not yet, however, reached all the precincts of the Ohio Valley. President Sayre recited *con amore* the special leading achievements in the world of American surgeons. Then, after calling attention to the scientific desirableness of adhering to the metric system as adopted by the Association at Atlanta, he completed his address with a strong argument in favor of following the example of the British Medical Association in establishing an official journal in which should be published the proceedings of our Association, including all papers, and discontinuing the cumbrous volume of Transactions. A committee consisting of Drs. Chaillé, S. D. Gross, Weatherby, Bronson, and Gillette, was subsequently appointed to report on the feasibility of Dr. Sayre's recommendation to the next annual session of the Association.

But one essay had been submitted to the committee for a prize, and while the committee conceded merit to this dissertation they did not deem it sufficient to justify the award of a prize. Hereafter there are to be four annual prizes, each of two hundred and fifty dollars, the questions for competition to be selected by committees of three named by the chairman of each of sections 1, 2, 3, and 4, and the awards to be made by three experts to be appointed by the chairman of each section as above, and all this pursuant to law as amended at this session.

A little oratorical breeze sprung up early in the proceedings of the second day in consequence of some anonymous charges having been made against the ethical purity of the chief of the medical bureau of the United States Navy, and the Committee

of Arrangements had refused the delegates from the navy recognition until the judicial council should pass upon their eligibility, and the council declined to act until the charges were signed by some responsible party. In this state of affairs the navy was likely to remain out in the cold during the entire session, to which its representatives and their friends objected with laudable vehemence, while those who instigated the measure insisted that no organization could have its delegates received while charges against it were pending before the judicial council. The waves of words were running high and furious, when the venerable Gross stepped to the front, and in a few earnest words, uttered with judicial fairness and dignity, proposed that until the judicial council should find some one to father the anonymous charges and establish their truth the delegates from the navy shall have all the rights of the most acceptable representatives. This was promptly agreed to with many and loud ayes, and the troubled waters became as calm as a summer sea.

Last year Dr. Chaillé, of New Orleans, submitted an elaborate essay on state medical affairs, embracing nine propositions looking to action by the Association, to advance medical progress in sundry ways, and these propositions were referred to a select committee to report this year. Dr. Pratt, of Michigan, made the report, and a most admirable report it was—clear, logical, and judicious, unfavorable to all the propositions except the fourth, which related to establishing an official periodical in lieu of our volume of Transactions; and touching this his committee thought well of it as an abstract proposition, but were of opinion that the fullness of time had not yet come to inaugurate the change, though in our natural growth we should reach such a stage of development soon. Possibly the committee on the subject already mentioned may find the appropriate time to be 1881.

On Thursday the report of the Metric Executive Committee was read by the secretary of the Association, and favored the cultivation of the metric system in all departments of medical teaching and practice. This was warmly opposed by Drs. Brodie and Fairbanks, of Michigan, and Bronson, of Massachusetts, and

most earnestly espoused by Drs. Cole, of California, Hunt, of New Jersey, Antisell, of District of Columbia, and Lyons, of Connecticut. Dr. Antisell made an especially forcible plea for its maintenance. The Association then adopted the following propositions: 1. Recommends the teaching and practice of the metric system in colleges, clinics, dispensaries, etc.; 2. Charges its Executive Metric Committee to report annually the institutions which teach and those which do not teach the metric system; 3. Authorizes committee to enter into communication with the metric committee of the British Medical Association, in order to concert such plans as may render the use of the metric system simultaneous and uniform in both countries. The Executive Metric Committee consists of Dr. Parvin, chairman; Dr. Seguin, secretary; and Drs. Wigglesworth and Weist.

Drs. Beach, of Ohio, Goodbrake, of Illinois, McGuire, of Virginia, Briggs, of Tennessee, and D. W. Yandell, of Kentucky, were appointed a committee to secure social recognition of the members of the medical staff of the United States Navy equal to that of like grades in any department of the service.

Dr. Hibberd, by direction of the section of Medical Jurisprudence, Psychology, State Medicine, etc., presented the following resolutions, which were unanimously adopted, viz:

Resolved, That a general sanitary organization is a necessity of every enlightened commercial nation, and the service of the National Board of Health since its organization has been such as to impress us that both in its personnel and organization it is entitled to the confidence of the government and the people, and we join the American Public Health Association and the National Academy of Sciences in earnestly recommending to Congress that the suggestions and estimates of the board receive their legal sanction, believing that the money asked for is necessary to the work of the board and will be a most judicious expenditure of public money.

That the Association, in view of the importance of sanitary science, recommend medical schools to establish a chair of State Medicine as a part of their regular curriculum.

That hereafter Section 4 be named simply "Section on State Medicine."

That the Committee on Prize Essays on the part of the section be

Drs. S. E. Chaillé, of Louisiana, J. L. Cabell, of Virginia, and A. W. Bell, of New York.

The Association adjourned before 12 o'clock on Friday.

Dr. John T. Hodgen, of St. Louis, was selected president with great unanimity—a choice most worthy to be made and an honor to the Association. Quite possibly it was a recognition of his unobtrusive merit that gave him unsolicited the honor that others sought unwon.

Richmond, Va., was selected as the next place of meeting, and the first Tuesday in May, 1881, as the time.

Entertainments for the members of the Association were prepared for each evening and for the afternoon of Friday. On Tuesday evening a reception at the Academy of Music was given, the parterre in its theatrical sense being transformed by a super-temporary floor and an artistic arrangement of an immense supply of flowering plants, shrubs, and climbers into a floral parterre, which, with other decorations and the gay garniture of five hundred ladies, contrasted with the somber costume of fifteen hundred gentlemen, one third of the whole number constantly promenading in the parterre, illuminated by countless gas jets, and the melody of a superb orchestra away up in the gallery, floating down on spectators, promenaders, and parterre, altogether made a picture of animated beauty harmonious and enjoyable beyond the ordinary experience of assemblages of doctors. In an adjoining hall, reached through a double, cave-like passway, studded with flowers and foliage and covered with vines, was served an elegant repast, in quantity, quality, and style a fitting finish to the other appointments of the occasion.

Wednesday evening the members were invited to Booth's Theater to witness the tragedy of Othello, with Mr. Edwin Booth as Iago. Too small a theater or too many doctors prevented a large number of members from knowing whether the acting was good or not.

On Thursday evening receptions were held at the residences of Mr. August Belmont and Mayor Cooper, and at the Academy of Medicine by Drs. Barker and Thomas. At these every thing

was elegant and chaste, and the refreshments rich in food and inspiring in drinks. No ladies were invited to either of these receptions.

Friday afternoon at 1 o'clock a fine large steamer received the members and other invited guests, steamed up the North River past the grand Palisades to Yonkers, thence down around the city front and Blackwell's Island, and down the magnificent harbor to Coney Island pier, where a landing was made, and in an adjoining hall the invitees were refreshed with an elegant repast of rich viands and beverages that exhilarate only. The imposing and instructive scenery on this trip, natural and man-made, can not be surpassed in the world on a voyage of equal extent; and those who enjoyed it will have a pleasing and abiding sense of obligation to Messrs. William Wood & Co., whose courtesy and purse provided the pleasure.

This excursion completed the exterior exercises of the Association; and whatever opinion may be generally entertained of the social festivities of our annual sessions by non-attendants, the very full patronage they receive from attendants testifies to their popularity and appreciation by that class.

The scientific work of the Association is done of afternoons in the sections, and this year the Committee of Arrangements suggested that they meet at 2 o'clock, which was sanctioned by the Association, and thus gave long sessions for professional labor. The committee also established temporarily a section on Diseases of Children, which was subsequently, by formal action of the Association, made a permanent part of the plan of organization. These long sessions of the sections were fully occupied by an unusual number of exceptionally good papers and short, crisp criticisms of them by many of the most noted medical men of the country. The total number of professional papers read and discussed in the several sections was eighty-seven, as follows: Section on Practical Medicine, Materia Medica, and Physiology, fifteen; section on Surgery and Anatomy, twenty-one; section on Obstetrics and Diseases of Women and Children, eleven; section on Medical Jurisprudence, Chemistry, Psychol-

ogy, State Medicine, and Public Hygiene, eighteen; section on Ophthalmology, Otology, and Laryngology, sixteen; section on Diseases of Children, six. Space will not permit a more detailed account of the sections; but it is only justice to say that at no previous session of the Association has there been manifested as much interest in the scientific work of its subdivisions, nor has there ever before been so much of it done, nor so well done, including both essays submitted and the discussion of their merits.

We give here from the Medical Record a few abstracts of addresses and papers before the sections of the Association:

Dr. James F. Hibberd, of Richmond, Ind., chairman of the Section on Medical Jurisprudence, State Medicine, and Public Hygiene, after some general remarks, in course of which the interesting fact was brought forward that *in all previous time* with reference to public hygiene there had been published four hundred and fifty-nine documents of all kinds as against fifteen hundred and twenty-five published during last year, spoke of the request made by Congress of the Academy of Sciences to report upon some better way of legally taking human life than by hanging. It seemed unaccountable, while life was destroyed so easily, so surely, and so promptly by the taking of prussic acid or by aid of a powerful current of electricity, the process of hanging should have continued so long without effective remonstrance. In connection with this topic, allusion was made to the step of progress made recently by Judge Heller, of Indianapolis, in fixing Wednesday instead of Friday as the day upon which the law should be executed by hanging, and thereby breaking into the almost universal custom that has sustained and nourished prejudice and superstition which had been specially unhealthy in its influence upon all classes of people.

The second part of the address was devoted to certain questions connected with psychology, which in its general sense had had a very active state imposed upon it by recent investigations concerning the functions of the brain. Of psychologists there were two classes; first, theological, and second, scientific. The former was earnest, active, positive; and the latter, to which physicians mostly belonged, had become thoroughly aroused to the necessity of investigations to determine whether certain parts of the brain gave rise to certain attributes of mind, or whether the brain as a whole is the organ of the mind as a whole.

There was no broad dividing-line between the theological and the scientific investigator, yet their courses were entirely distinct from each other. There was not necessarily, however, any conflict between them. For a long time the brain had been recognized as the organ of the mind; but to the investigations of Hitzig and Fritsch was the new impulse due which had led many observers subsequently to pursue study in the same direction.

Reference was made to the increase in the number of the insane, and the questions asked, How far should the state assume the guardianship and maintenance of the insane? and What was the best method of proceeding?

Dr. H. was of opinion that special training was not necessary to the proper treatment of the insane, any more than for the application of therapeutics in the treatment of any other brain-disease or morbid condition of the system generally. He spoke of a social aspect of psychology, of hereditary transmission of disease, of the transmission of the tendency to intemperance and the commission of certain crimes. Would it not be discovered presently that all such irregularities—crimes, if you prefer—are due to imperfect nervous systems, and may not the tendency to such be transmitted? If due to disordered brain, may not that react and lead to degeneration and disease of other organs? Under the head of *State Medicine* he referred to the lack of uniform and well-considered plans with municipal and local boards of health, and to the working of the National Board of Health, and its ability to meet the demands of the hour without interfering with local or state organizations. Special reference was made to the fact that though sanitary science was yet in its infancy its influence was felt not only in this country, but had already become international.

Dr. V. P. Gibney, of New York, read a paper on the Strong Galvanic Current in the Treatment of Sciatica. In thirty-two cases treated as above twenty-four were entirely relieved, three moderately relieved, and five not relieved. The currents were given daily; sixteen of the cases had no relapse at date, several others had only slight relapses, and only four had a permanent return. Several cases were relieved. In one twenty-seven cells were applied for ten minutes daily for several days with rapid relief. The duration of the disease in the cases reported varied from a few weeks to several months. The current should be a stable one, the labile current is not a constant one. The current should be just as strong as the patient can bear it. The application should be given for ten minutes, or even fifteen, if possible. It should be given twice a day at first, if possible, and kept up for fifteen or twenty days. If by that time no good results ensued it had

better be discontinued. Six to ten seances may secure success. The descending current is preferable.

Dr. A. D. Rockwell, of New York, said that electricity in any form will not always cure sciatica. He cited cases cured by the faradic current.

Dr. George M. Beard, of New York, spoke of the relative value of strong and weak currents; said that it is true that in whatever way electricity might be given it will sometimes cure neuralgia. Practically Dr. B. did not find much difference in results, whichever way he applied the current, although on the whole the positive pole is somewhat soothing and the negative irritating. He thought that there was much value in the treatment suggested, but there was a caution needed, for he had seen cases injured by overdoses of electricity. He would never begin a treatment of sciatica with such powerful currents, but would use weaker ones at first.

Dr. H. G. Piffard, of New York, spoke on Lupus, and illustrated his subject by excellent demonstrations with the magic lantern. He stated his belief that the pathological significance of lupus was that of a scrofulous skin-affection. He mentioned three varieties: 1. Superficial non-ulcerative lupus, or erythematous lupus; 2. Ulcerative lupus with superficial ulcerations, never penetrating beneath the skin; 3. Lupus with deep ulcerations invading deeper tissues. Thorough local treatment was emphasized. His method consisted of complete removal by the scoop, with subsequent application of the actual cautery. Excision might also be followed by the application of chloride of zinc. Still relapses were apt to occur.

Dr. Hutchinson, of Brooklyn, read a paper on the Treatment of Syphilis at the Commencement and End of the Nineteenth Century, by Dr. Charles R. Drysdale, of London. The author explained his usual method of treating syphilitic patients. These had usually been young women under the age of twenty-five, the occupants of the Rescue Society's Hospital, at London. He had used no form of mercury with the girls but the green iodide. At first he had given one third of a grain twice daily; but his experience soon showed him that even these small doses not unfrequently caused salivation in the course of a month or so of daily treatment. For this reason he had latterly given one sixth of a grain of that salt in combination with two grains of extract of henbane, in a pill twice daily. This dose seemed to be well tolerated, and did not produce salivation, even when continued for months. Under this treatment the disease went on in a favorable manner. For the most part the secondary eruptions were benignant,

accompanied occasionally by slight alopecia and mucous tubercles, which latter symptoms were amenable to local treatment by means of chlorine lotions and isolation. The paper closed with the following conclusions: 1. The initial lesion requires no mercury; 2. Syphilis, when iodine is used without mercury, is usually mild; 3. Syphilis, when treated with very small doses of iodide of mercury, is usually mild; 4. Iritis may supervene while patients are taking courses of mercury, but it is usually amenable to treatment by blisters and atropine; 5. Tertiary syphilis is rare after iodide of potassium and iodide of mercury; 6. It is best treated by large doses of iodide of potassium, adding mercury when that remedy fails; 7. Cerebro-spinal syphilis supervenes in some cases early in the disease, and we may then give both specifics, or iodide of potassium alone; the same holds good in syphilis of the testis, liver, or lung; 8. Mercury and iodide probably act by their power of destroying low vegetable organisms in the tissues—the yeast of syphilis (Hutchinson); 9. The dose of mercury ought to be very small.

The Elastic Bandage. Dr. Martin, of Boston, said that the bandage should be applied with intermissions, otherwise vesication would supervene. The different sizes of the writer's bandages were then mentioned, and their particular uses fully explained. Pain rarely attended the application of the rubber bandage, and even a raw surface should not deter the surgeon from reëmploying it, as this and similar conditions, however angry in appearance, were not essentially dangerous. Some drawbacks incidental to this method were then adduced. These were chafing, profuse sweating, and occasional extreme pruritis. The intervention of cotton or lint reduced such annoyances to a minimum. Washing with tar soap was useful in eczema; vaseline might also be employed. But all these disturbances disappeared before the great benefits connected with the bandage. He spoke of his successes in the treatment of non-ulcerative varicosities and large ordinary ulcers, and stated that he now employed much thinner bandages than formerly.

A paper was read by Dr. Addinell Hewson, of Philadelphia, on the Treatment of Fibroids of the Uterus by Dry Earth. For more than twelve years, he said, he had been engaged in the investigation of the value of the use of earth in surgery, and notwithstanding the opposition and ridicule that he had met with, he was glad to announce that its claims were now established to such an extent that he felt amply rewarded for his efforts in this direction. After alluding to its application, and the method of the same in general surgery, he proceeded to speak of the subject proper of the paper. The first case in which he had employed it was one of very multilocular fibroid. A layer of

paste or clay a quarter of an inch in thickness was placed around the abdomen and back, covered with a thin sheet of cotton batting, and secured by a many-tailed bandage. The patient was immediately relieved of all pain, and a reduction in the size of the abdomen was noticeable from the first. At the end of three weeks the abdomen was diminished one half. Eventually a perfect cure was obtained. This was no phantom tumor, since at one time the abdomen had been opened (by another surgeon) under the impression that there was an ovarian cyst, when it was found that the tumor was attached to the uterus and weighed thirty pounds. Fifty cases had been treated in the same way by him, and with almost equally satisfactory results; except in one instance, where the patient died of an intercurrent affection. However great the pain previous to the application of the earth, this was so completely relieved that anodynes were never necessary subsequently. The tenderness on pressure was also immediately relieved, and within twenty-four hours the reduction in size was often very remarkable.

In the case where the patient died an autopsy was secured, which was looked to with great interest, as no opportunity had yet been afforded for the examination of a tumor which had been under treatment. A large fibroma of the uterus undergoing cystic degeneration was found, the principal cyst containing twenty pounds of fluid; as the solid portion weighed twenty-seven pounds, the total weight of the tumor at the time of death must have been forty-seven pounds.

The effect of the earth Dr. Hewson considered to be a chemical one. In all cases where it was at all likely to be of service it was a curious fact that the relief of pain commenced before the first dressing was completed. The material he preferred to use was the fine yellow clay, such as is employed for making the best Philadelphia brick. Potter's clay did not seem to produce the same beneficial effects.

Dr. R. Beverly Cole, of San Francisco, made some remarks on Sponge Tents and their Mode of Preparation. When it was necessary to dilate the os and cervix uteri he considered the sponge tent better than all others, for the reason that none of the others could be made to remain *in situ*.

The objections to those commonly kept in the shops were that they were not of the proper size or shape, generally being altogether too large; that they were apt to be made of very coarse sponge, and hence the dilatation could not be carried to the extent desired; and that as usually prepared they gave a great deal of unnecessary pain on account of their coarseness and roughness. He made his own tents out of fine

cup-sponge, free from all coral or other mineral impurities, such as surgeons use. The sponge was dipped in melted wax, and then subjected to very great pressure (which could best be secured by a letter-press), which forced all the superfluous wax out of the sponge, and flattened it out to a thin cake. After being pressed out in this way the sponge could then be cut with the knife or scissors into any shape desired, care being taken to cut it in the direction of its long axis. In many instances it was necessary to begin with a tent not larger than a knitting-needle. Before using it should be provided with a thread by which it should be removed.

Dr. Pallen could not permit this opportunity to pass without expressing his strong disapproval of the use of sponge tents in general. He knew of nothing in all gynecological practice that had caused so much evil as the sponge tent. He was opposed to its use on account of the great dangers attending it, and because there were so few cases (except for purposes of dilatation, when other agents might be employed) in which it was applicable.

Died — At Pine Bluff, Ark., May 4th, Dr. James Mosely Holcombe, aged forty-one years. An accomplished physician, a kind neighbor, a good citizen, suave, genial, gentle, his loss will be felt by a very wide circle of friends.

June 6th, in Washington City, Dr. James Crowdhill Hall, aged seventy-five years. Dr. Toner thus concludes an appropriate obituary notice of his lifelong friend:

The value that such a life as Dr. Hall's has been is simply incalculable, not only to the medical profession, but to all observing persons impressed by virtuous conduct. His counsel was always given in the best interests of a broad and generous humanity. His life-work was earnest and noble, and he goes down to his grave honored and beloved as no medical man has ever been in this city.

The Portion of the General Practitioner.—Dr. Jacobi says the general practitioner will in future obtain, as the legitimate province of his practice, the male half of mankind and very old women and very young children, provided he will keep his hands off their eyes, ears, nervous system, lungs, heart, urinary organs, venereal diseases, nose, larynx, skin, hair, and corns.

The Kentucky State Medical Society.

*My Dear Practitioner:** At Home, May 30, 1880.

The Kentucky State Medical Society convened in Lexington in thirtieth annual session on May 19th. Dr. Dunlap, of Danville, presided. The address of welcome was delivered by Dr. W. O. Bullock. Among other interesting things he thus eloquently spoke of Lexington and Transylvania:

> Around this classic town cluster memories innumerable of our noble profession, for here was the cradle, the infant home of medicine in the West, and here lived a long list of medical men whose fame has shed a luster over the profession. Here was the first seat of learning. Here was the Medical Department of Transylvania University—first in the West and second in its day only to Jefferson—numbering among its faculty names not born to die. Here labored Samuel Brown, first to introduce vaccination into America; the original thinker, Daniel Drake; the chaste writer, Charles Caldwell; Eberle, Ridgley, Overton, Yandell, and Dudley, who performed a series of operations unsurpassed in their brilliancy. And here was established the second asylum for the insane on this continent and the first west of the Alleghanies.

The scientific work of the society was much, varied, and interesting. Many papers were read; among them one by Dr. Wathen, of Louisville, on uterine procidentia complicated with rectocele, cystocele, and lacerated perineum, in a case of which he got most satisfactory results from first amputating the cervix, by which the uterus, measuring before the cutting five and a half inches, was reduced at the end of a month to half that depth. The second operation was directed to restoration of the perineum, and was also satisfactory. These gynecological folk think no more of excising the uterine neck than the rest of us do of circumcising a small boy.

Dr. Reamy, of Cincinnati, who took part in the discussion of Dr. Wathen's paper, we were glad to see disapproved of this wholesale ablation, and referred to several cases in which, after

* The crowded state of our columns obliges us to omit much of the letter of our valued correspondent.—Eds. Am. Prac.

reducing the uterus, he had gotten excellent results by narrowing the posterior wall of the vagina.

Dr. Gibney, formerly of Lexington, now of New York, read by invitation a paper on the management of orthopedic cases which was distinguished by broader views than those of the average specialist. He dwelt with emphasis and judgment on the general principles of the management of cases of Pott's disease in its different stages and of lateral curvature, and urged that true hip-disease should be called diaphyso-epiphysitis or articular ostitis of the hip. Let 's christen this wearying enemy of scrofulous children by the latter name; the first is *so* hard. Dr. G. doubted whether absolutely perfect results were ever obtained in these cases by any means whatever. He aimed to get the best possible results—we all do that, let us hope—and warned the family that some lameness would surely follow. For treatment he preferred the English plan — crutches and a high-heeled shoe. In the several diseases, including club-foot, mentioned by Dr. G. he dwelt on the importance of time as a factor in the cure—a prolonged treatment. The paper added to Dr. Gibney's already fine reputation.

Dr. Craig, of Stanford, presented a paper of genuine merit on the antipyretic treatment of scarlet fever.

Dr. Cheatham, of Louisville, occupied the attention of the society with a short essay on syphilitic iritis. The object of treatment, he said, was to prevent posterior synechia, if possible; and if not, to break it down should it be present. Atropia was the drug for this. Dr. C. recommended the use of atropia in all inflammations of the globe of the eye, since no risks were involved in its use and many dangers averted.

Dr. Holloway, of Louisville, exhibited a photograph of an excision of the elbow, done two years ago, in which a thoroughly useful arm was secured. He also showed a long chain of lymphatic glands — more than a hundred — removed from the right cervical region of a lad who made a good recovery.

Dr. Letcher, of Richmond, read an excellent summary of the

most recent views of the pathology and treatment of typhoid fever.

Dr. Lewis, of Georgetown, reported a resection of the joints, and embodied some interesting details of conservative surgery in the articulations.

Dr. Roberts, of Louisville, gave the details of an operation he did in a case of extra-uterine pregnancy, which, though performed under most unfavorable circumstances, was, so far as the operative procedure went, a success, though the patient died about a month after of exhaustion.

Dr. Coomes, of Louisville, exhibited the model of a new and very ingenious device for measuring the hearing distance.

Dr. McCormack, of Bowling Green, made a most interesting report of a case of laparo-elytrotomy. . . .

The president's address contained eloquent allusions to some of the renowned men who taught in the early days of Transylvania, a rap over the knuckles of the medical schools of the present, a gloomy picture of the prospects which expand to the eye of the young medicos, a lamentation over the crowded state of our ranks, and the scant pecuniary remuneration now so hardly won. The address was listened to with much interest, and would have been delightful if the doctor had but pointed out to the schools some possible scheme for "elevating the standard"—threadbare phrase!—of teaching, and told us youngsters how we could either thin the ranks or win bread while lying all over the state like sardines in a box, several layers deep. Old and young doctors both are pinchingly aware of the truth of much that President Dunlap said; but after all that has been spoken and written in the same strain, is n't it with medicine quite what the English sergeant declared to the recruit? "The army," he said, "is right enough if you like to make it so.". . . .

The physicians and citizens of Lexington gave the members of the society an elegant banquet at the Phœnix Hotel, where every thing went "gaily as a marriage bell." The replies to the several toasts were witty, humorous, solid, interesting, instructive, pathetic, eloquent. . . .

In responding to the toasts "Our Guests" and "The Medical Schools" your Cincinnati friends Reamy and Whittaker showed that neither humor nor eloquence are all south of Mason and Dixon's line—wherever that is. Of course Singleton was enthusiastic in his praises of the ladies. But the best speech of the evening was made by General Preston in answer to "The Law, Medicine's Twin Brother;" and since all your readers may not have seen this noble specimen of manhood I send a sketch of him drawn in the Cincinnati Clinic:

General Preston is a very large man, much over six feet he looks standing in a crowd, broad, square, stooped a little with years, with a singularly-pleasing, on second glance, strong face. Whether he ever practices law or not I know not, but he looks like a lawyer of the old times, samples of which we still see occasionally as preserved on the bench of the higher courts. He has the address of the old colonial days, or perhaps the days of the Old Dominion, and he speaks with a power that is ponderous. And though with all this he could give his face a comical cast at times that was irresistibly infectious, he never let himself down below the dignity of his theme.

If I had had the faintest conception that there was not enterprise enough around to take down some of these speeches I could have given our readers every word of this splendid tribute to the medical profession from a man who knows it through and through both in this country and abroad, for the General was once our minister to Spain; but as it was, I sat like the rest and simply listened with a school-boy's delight.

. . . The toast to "The Medical Society" was responded to by Dr. D. W. Yandell substantially as follows:

Mr. Chairman: If you will run your eye over the beautifully-embellished cards which lie at our plates, you will observe that I am expected to reply to the toast to "The Ladies," and that my friend the venerable gentleman on your right, the present distinguished president of our society, Dr. Dunlap, was the person selected to respond to the toast, "The Kentucky State Medical Society," but by some sleight of hand the order of both men and toasts has been changed, and "The Ladies" are transferred to that most capable and chivalric gentleman, Dr. Singleton; while our excellent president has, with his characteristic rashness, chosen me to speak in his stead. The pleasure

which will ensue to you from the first change in the programme reconciles me somewhat to the disappointment which I fear will result from the latter. And yet, Mr. Chairman, when I look about me and realize the fact that I have been longer a member of this society than any one now present; that it is given to me to be able to recall the occupants of more vacant chairs at this annual banquet than any one else here can do, there would seem to be a certain fitness in my speaking to the toast.

If you will but turn, sir, to the membership of the Kentucky State Medical Society, you will find it to include names of men who have occupied prominent places in American medicine; of men who, by their lives and their work, have illustrated much that was best, and worthiest, and loftiest in our calling. Run your eye over its Roll of Honor. There is Caldwell, physically colossal, stately of speech, and ponderous, who did so much to shape medical teaching in the West. Miller, slow and of thoughtful mien and judicial mind, whose work on obstetrics was esteemed in its day one of the ablest of treatises on that subject. Cobb, tall, graceful, gifted, fascinating. Bartlett, the suave and the gentle, delightful as a lecturer, charming as a writer. Ethelbert Dudley, a brilliant surgeon, a brave soldier. Bradford, prudent, independent, fearless, who pushed his successes in ovariotomy beyond the figures fixed for it by its illustrious founder. Bush, quick, zealous, cunning of hand, clear of head—of all her citizens best loved in this rare old town. Chipley, of sturdy frame and massive head, who labored so long and so well in his saddening specialty. Jackson, tireless, intense, original; busy with his pen, laying down his work but with his life, which his studiousness had done so much to shorten. Rogers, dignified, sedate; whose rare judgment and insight into disease, and thoughtful consideration for the wants and the weaknesses of the sick, made him *facile princeps* of all our guild who lived in Louisville. Breckinridge, who, true to his lineage and the traditions which gather about his great name, so won all who ever listened to his silvery tongue. Drake, the restless, the vivid, the many-sided, whose ashes to-day, reposing near that city which he so much loved, lend a luster to her history greater than that which springs from the opulence of her commerce or all the costly structures of her richest men. The elder Yandell, whose memory is so fresh in the minds of you all, who, I may be permitted to say, on more than one occasion broadened his shoulders and, like the faithful knight who bore his wounded king, bore this society through rocky steeps to peaceful lawns.

These, Mr. Chairman, are all now shadows. Let us hope, sir, that their large souls look down on us approvingly. There remains of the

list of founders of this society one who was among its earlier presidents. I allude to Dr. Gross—a name which always brings the glow of pride to the face of a Kentucky physician. See his footsteps lead him near the limit allotted by the Psalmist to human life. Yet mark him now, erect as in his prime, the light of great deeds resting upon his front, his eyes gleaming with the fire of perennial youth, his hair all blown back as on and still on he presses through fresh fields to win other triumphs. Shall we not pledge him to-night? Shall we not pledge that shadowy host, whose luminous track is seen of us all, that we will strive to make ourselves worthy of the noble heritage bequeathed us, by seizing the colors which have dropped from their hands as the robes drop from a dead king, and, pressing forward, plant them still farther to the front? Members of the Kentucky State Medical Society, brothers, the answer to these questions rests with each and all of you.

General Preston then rose and said:

Mr. Chairman and Gentlemen: I feel very much the compliment implied in being called upon to respond to the toast proposed in honor of the law. The state of Kentucky has occupied a very high position, not only within her own limits, but far beyond them, through the ability displayed by her bench and bar. And I feel, when I look around me at the gentlemen who have earned distinction as lawyers and judges, who are here assembled in your honor to-night, that the duty would have been more properly devolved upon some one of them to respond to the toast than upon myself, because I have not been so intimately associated with the active practice of the law as they have been, and moreover because I see some here present who will hereafter worthily fill the distinguished places once held by Robertson and Bibb and the other names celebrated in our profession.

I recognize in the toast to the profession of the law as the twin brother of medicine that correlation of the learned professions which has been recognized from the most ancient times. Indeed all history teaches us that law, medicine, and theology have been the converging intellectual forces which have produced our present civilization. Their union is a trinity in sociology. If we are to allow metaphor by way of illustration, we may say that the practical sciences of the administration of justice and physical philosophy are at the angles of the base of a triangle, and that the higher aspirations of humanity occupy the summit with theology. In truth, the long, laborious, and patient investigations of the physicists, which have done so much to conduce to the intelligence and comfort of the human race, proceeding through

centuries of careful investigation, incline to a higher, perhaps unknown altitude; while, on the other side, in a like manner the profound analyses of the principles of ethics, of law in the highest, are nothing but the applications of the principles of morals, which, in the intercourse of mankind, tend also eternally upward toward unknown heights. The point of intersection is the throne of theology, perhaps too exalted oftentimes for the less acute consciousness of our brethren at the bar. But still they, after all their vast inquiries, recognize a tendency to unity, from which are evolved all things, organic and inorganic, psychical or physical, mundane or celestial. I therefore lament that we are not so fortunate to-night as to have some learned prelate or distinguished theologian present who might represent properly upon this occasion the church, so that all the brethren of the long robe might unite in rendering honor to the large assembly of able physicians present in our city.

But I must not forget to speak more specifically to your toast. One of the most distinguished critics of modern times, and one of the most profound lawyers and historians, Sir James Mackintosh, has said that modern times are more indebted to Grotius, Montesquieu, and Adam Smith than to all other men for the advancement of learning and the establishment of our present civilization. It will be observed that there are two lawyers named and one philosopher, but not a single physician. I can not wholly agree with the judgment of the critic. So far as the first name is concerned, it is considered by many eminent minds that Grotius is the first intellect and the greatest benefactor to mankind that has appeared during the Christian epoch. It was his fortune to be born at a period when the human mind was emerging from fourteen centuries of political slavery, of superstitious theology, and barbarous customs. Taught by the ablest instructors of the day, at ten years of age he was a marvel of learning. He reopened the splendid erudition of the past, and the glories of the great Greek and Roman literatures were once more read and familiar to Europe. Rising in early manhood to the greatest offices of the state, he shared the fate of nearly all other great thinkers; for he was driven in exile from his country; and most fortunately for the human race, because, by the composition of his immortal work on the Laws of War and Peace he softened the barbarity of feudal manners by the principles of Christian morals, and laid the foundation for that freedom of thought which we here this hour enjoy, and which can no longer be denied to scientific inquiry in even the fiercest monarchies of Europe. After him came, a little more than a century since, Montesquieu, the wittiest and most brilliant writer on legal philosophy that the world has seen. So too it must be

admitted that Adam Smith, after purely philosophical inquiry, has attained the true laws of commercial intercourse and established the system upon which our present wealth and commercial prosperity rest.

But while tracing that political freedom which we now enjoy, it would, I think, be narrow to deny that there are other names than these deserving enumeration. The advancement of learning received its great impulse from Lord Bacon, and the names of Lord Coke and Lord Hardwicke and Lord Mansfield must command the reverence of the intelligent in all lands. Not below these we may place that of our own Marshall, who has given form to constitutional freedom and lent it the force of precedent in his noble and memorable decisions. Hereafter it will be admitted that those decisions form the true boundary between the unbounded license of a foolish democracy and the rigors of monarchical tyranny. Perhaps it would not be too much to predict that John Marshall will come to be considered the greatest judge of the English race; for that judge should be held the greatest who seeks to perpetuate the freedom of the people by guarding them most manfully against their own excesses.

But while thus paying proper tribute to the great lawyers who have aided in molding our civilization, we must also look to those names who have, in their day and generation, done most to establish those true relations of scientific inquiry, which have resulted in broader and more intelligent ideas of the nature and aims of physical philosophy. They, observing allegiance alone to truth, in despite of things or creeds or monarchs, have borne testimony to after generations in regard to biology and the science of life. Employed more in these than in reflections upon the nature of abstract morals or the government of states, they rise to an elevation which gives their renown no geographical limits and makes them welcome to the human race throughout the world. Mankind is more indebted for freedom from physical pain, from the pangs of disease, from the torture of wounds, and all our long train of physical suffering, to Harvey, Jenner, and John Hunter, than to all those who have been engaged in the administration of the law. This Trinity, all of English breed, can well stand as against the mighty names of Grotius or Montesquieu or Adam Smith. If Kent and Story and Lord Mansfield and Lord Stowell and our own Wheaton, all bow before the unapproached glory of Grotius, still in the field of medical science the English race yet maintain their own.

To those who do not take a comprehensive and generous view of the subject, the recent researches of physical philosophy in the path

of knowledge may seem as vain as some of the scholastic disquisitions of the past. Darwin has astonished the European world with his theory of evolution, and Germany, France, and the United States stand in wonder before his deductions. Herbert Spencer has even broadened the field, and Huxley and Tyndall have come as auxiliaries to his system. That system tends toward an unknown unity—perhaps an unknowable end. It may be rejected by the narrower theologians for a moment, with prejudice, distrust, or disbelief, but the nobler and more intellectual part of the church dread no such results. They have found by experience that philosophical discussion has not diminished, but augumented the number of believers, and that the broader the field of knowledge the nearer we stand to God.

I have thus, Mr. Chairman, taken in response to the toast such survey as time will permit. In conclusion I ask your indulgence a moment to advert to the honored name which has just elicited such applause from this enlightened assembly. It was a merited tribute paid to one who may be considered the greatest pathologist ever known in America. It gave me peculiar pleasure to witness your enthusiasm, because in past years he was my neighbor, and is still my friend. I allude to the former President of the American Medical Association, Professor Gross. A vivid picture has been drawn of his personal appearance in advanced years, and of his distinguished services to medical science, by his former pupil, Dr. Yandell. While these eloquent remarks were being uttered, it recalled to my mind the memories of thirty years ago. Dr. Gross and myself were next-door neighbors. He was Professor of Surgery in the University of Louisville. A great and lucrative practice flowed in upon him. His health did not seem strong. My own library overlooked his study, and I well remember, night after night, amid the heats of summer or the snows of winter, the light burning long after midnight in his study, and I knew the vast labor with which he was preparing his observations of American Medicine and Surgery in a work which afterward appeared. There is an incident connected with this great work which I will relate. Not many years since Dr. Gross was chosen as the President of the American Medical Association. During the succeeding summer he visited Europe. Among others whom he met was Rudolph Virchow, at Berlin. Virchow has since reached the exalted position of privy councillor of the Emperor William. This distinction he achieved, like Gross, by his own intellectual exertions and natural genius. Virchow is known to you all as the author of the cellular pathology which supplanted the vascular theory of the celebrated Bichat. When Dr. Gross met him it was not as a stranger, but as a friend. Every cour-

tesy that Germany could show was extended to the chief of the American profession. Not only were the doors of the court and nobility open, but the still more august portals of science. After some formality Virchow collected a large assembly at dinner in honor of the great American pathologist. After a splendid banquet and a reception at which were present the first men in Europe, the cloth was removed, and a servant placed before Virchow a silver salver upon which was some article covered by a napkin. Rising with that ceremony which marks European manners, Rudolph Virchow then proceeded to state that he felt it a fortunate event in European science that Prof. Gross had visited Berlin, and that he desired to evince his sense of the fact by collecting the most eminent of his acquaintances and correspondents in Germany and in Europe to meet the great American; that he had corresponded with Dr. Gross, as he had with his colaborers there present, to whose observations and deductions he was more indebted than to his own for the works of science produced by him; but he could not properly permit them to meet upon such an occasion without making a public acknowledgment of the great obligations imposed upon him by Professor Gross. Unknown to him, he knew him. Separated by an ocean, he rendered to him the homage of his respect and gratitude. At the same time that Virchow offered these splendid but merited compliments he exclaimed, "Gentlemen, this is no mere courtesy, no convivial formality; but, in attestation of the truth of what I said, behold the evidence;" and removing the napkin from the salver he displayed an old and worn edition of Gross's Pathology, demonstrating the truth of the words of the greatest authority on pathology in the world.

Perhaps these are as many speeches as you 'll care to print.

The following officers were elected for the ensuing year: President, Dr. L. B. Todd, of Lexington; Vice-presidents, Dr. J. P. Thomas, Pembroke; Dr. J. H. Letcher, Henderson; Recording Secretary, Dr. L. S. McMurtry, Danville; Treasurer, Dr. Jno. D. Neet, Versailles. . . .

Place of next meeting, Covington, on the first Tuesday in April, 1881.

Yours, fraternally, GALEN, JR.

A DESERVED REBUKE—A PARSON SQUELCHED. — Princess Pauline, daughter of the King of Wurtemberg, was recently married to Dr. Wilm, a young medical practitioner of Breslau.

During the performance of the marriage ceremony, to which many princes and princesses lent their presence, the officiating minister took upon himself the liberty of lecturing the bridegroom upon the honors and privileges his bride had renounced in order to marry one of so lowly a station—a fact he seemed most anxious to impress upon him. Whereupon the princess, with becoming dignity, effectually obliterated the officious parson by boldly declaring before the assembled guests that, far from being ashamed of the alliance, it was the proudest moment of her life to make so noble a man her husband.

Tapeworm.—It is stated that almost every native in Zululand suffers from tapeworm, and many Europeans in that part of the world suffer from the disease for years, and seem none the worse for it. It is generally believed that the natives and Europeans get the parasite, in its earliest condition of development, into their bodies by eating large quantities of raw or half-cooked meat, and from drinking dirty and brackish water in the neighborhood of the "kraals." This dirty water is said to be a common source of infection both to man and beast. As showing the disgusting nature of the complaint, it is not at all uncommon for a person affected with tapeworm to find a great piece of the worm tumbling down the inside of his trousers as he is walking about, and often large pieces are found in the sufferer's bed in the morning after waking up from sleep.

For Seasickness.—A mixture of bromide of potassium and hydrate of chloral, taken effervescing with citrate of magnesia, has never failed but once. This is the experience of Surgeon F. W. Cory, of the Australian Mail S. S. Co.—and is n't ours.

The Holman liver-pad is composed of drilling and filled so as to be about half an inch in thickness. It contains ground fenngreek seed and ground flaxseed, fifty per cent; pitch, resin of galbanum, and resin of sandarac, forty-five per cent. The remainder is supposed to be composed of aromatics.

Dr. August Koenig's Family Medicines.—According to the *Pharmaceutische Centralhalle* the composition of these nostrums, for which the firm of A. Vogeler & Co., in Baltimore, claim to have "the sole depot in America," is as follows:

1. Hamburg Tea (*Hamburger Brustthee*), a mixture of althea and licorice root, red poppy petals, common mallow flowers, marsh mallow leaves, and the flowers (dyed a saffron color) of a stellaria, besides some coarsely-powdered rock-candy and some oil of anise and fennel.

2. Hamburg drops (*Hamburger Tropfen*) resemble the compound tincture of aloes of the Germ. Ph. (Swedish bitters), but contain somewhat more agaric, and are made more viscid by juniper juice.

3. St. Jacob's oil (*St. Jacobsöl*) is a good quality of oil of turpentine, mixed with a little oil of rosemary and lavender, and colored faintly red with alkanet or saunders.

And why not?—The Philadelphia Medical Times, which if not amiable is nothing, and whose love for and admiration of all things and all men medical outside of Philadelphia is the subject of so much captious criticism, comments upon the fact that at the recent meeting of the Medical Association the ladies of the delegates were not invited to the receptions given by Mayor Cooper and Mr. Belmont. Though this is "the unkindest cut of all," as it is the only one contained in the several pages of very generous praise lavished by our pleasant cotemporary on the doings of the recent meeting, we hope our brethren in New York, including the mayor and the millionaire, will overlook it.

The Type for School-books.—Dr. Gaval says, "Other things being equal, the legibility of a printed page does not depend on the height of the letters, but upon their breadth."

The St. Louis Medical College announces that hereafter all students who matriculate at that institution must take a three-years' graded course in order to graduate.

The American Practitioner.

AUGUST, 1880.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—Ruskin.

Original Communications.

CASE OF PUERPERAL SEPTICEMIA; CONVULSIONS; HEMIPLEGIA; PHLEGMASIA DOLENS; RECOVERY.

BY T. C. QUINN, M.D.

Mrs. Q., aged thirty; second pregnancy; confined March 28, 1880; labor short and easy. She did well until April 3d, when she was attacked with severe frontal headache, preventing sleep, and on the 8th, 10 o'clock P.M., she had a convulsion, followed by active delirium. A second convulsion occurred early the next morning, immediately after which two large clots, very offensive, were expelled from the vagina, a portion of one of them resembling, according to the description of the nurse, placental tissue. During her confinement and up to this time the patient was attended by a homeopathic physician, who, seeming to have little idea of the nature of the case—calling it neuralgia until the convulsion occurred—was dismissed. I first saw the patient on the 9th, 1 o'clock P.M., and found her condition as follows: Temperature 103°; pulse 102, irregular; respiration 36; tongue

natural; face pale; uterus large and soft; lochia scant, and scarcely any secretion of milk; both were entirely suppressed by the next day; pains in the head, back of the neck, and extremities; delirious.

What the treatment was before the convulsion I do not know, but from that time she had been taking hydrarg. cum creta gr. x every four hours and frequent doses of potass. bromid. I gave her immediately quinia gr. x, and ordered ex. ergot. fl. oz. ss every three hours until it produced firm contraction of the uterus. Three doses were given of potass. bromid., chloral hydrat., each, dr. i, and aqua oz. i; M.; teaspoonful whenever restless; bran and camphor poultice to the bowels.

From this time until the 11th the condition remained much the same, the temperature running from 101° to 104°, and the pulse and respiration corresponding with the temperature. No more convulsions. She got quinia gr. x whenever the temperature was found above 102°, tinct. digitalis gtt. x every six hours, and the bromide and chloral mixture as needed to secure rest and sleep.

On the 11th the temperature commenced falling. The tinct. of digitalis was now discontinued, and quinia grs. ijss given every four hours; the bromide and chloral as before; spt. ether nit. fl dr. ss every six hours to increase the action of the kidneys. Considerable improvement in the symptoms followed. She took plenty of nourishment, and with a relish, rested quietly, and slept frequently, though the mind still wandered.

On the 14th the temperature fell to 99.5°; pulse 96; respiration 24. This seemingly satisfactory condition continued until 9 o'clock P.M. of the 15th, when she commenced complaining of pain in the right side of the head, extending from the occipital to the temporal region; pain also in the left arm and leg. She was very restless, and by midnight became so wildly delirious that she had to be held in bed. The bromide and chloral, though given freely, had no effect toward quieting her. At the time of my visit next morning, 10 o'clock, the temperature was 101°, pulse 100, respiration 28, both irregular. She was very

restless and wild at times, and then would fall into a stupor. The urine was voided involuntarily. Seeing it was useless to continue the bromide and chloral, I gave at once by hypodermic injection morphia sulph. gr. ⅛, atropia sulph. gr. $\frac{1}{70}$, and ordered acid phos. dil. gtt. x. every four to six hours; morphia sulph. with atropia or tinct. opium with spt. niter, as required to secure rest; quinia gr. ijss every three hours.

On the morning of the 17th it was discovered that there was complete motor paralysis of the left upper and lower extremities. The muscles of the face were scarcely, if at all, involved in the paralysis, and there was no deflection of the tongue when protruded; but there was diplopia, great difficulty of deglutition, and irregular tumultuous respiration.

18th, temperature 102° at 5 o'clock P.M.; pulse very irregular, at times a mere flutter, then full and beating at the rate of 200 per minute; respiration averaged 36, but varied with the pulse; face pale; lips and hands blue. The head was drawn to the left, and the back of the neck was so tender and painful it could not be touched nor the head moved without producing evidence of great suffering. There were involuntary discharges from the bowels and bladder. Owing to the difficulty in swallowing, it required great patience and perseverance to succeed in giving the medicine, and the quinia had to be discontinued on this account. The dil. phos. acid and the morphia and atropia solution were continued, and whisky ordered to be given as occasion required.

19th, the temperature at 10 A.M. was 101°, pulse 102, respiration 28, both more regular. The lips and hands were not so blue, and she could swallow better. The left leg was slightly swollen and tender to the touch. To the treatment was added a suppository of quinia gr. iij every three hours.

20th, the temperature at 9 A.M. was 100°, respiration 28, color improved. The swollen limb was very painful, and the swelling now extended to the groin. Treatment continued, with the addition of soda salicyl. gr. xv every four hours as long as the temperature kept above 102°. From this time until the 24th

the temperature ranged from 102° to 104°. The limb remained swollen and painful, but the other symptoms were rather better.

On the 25th the temperature commenced falling, and the soda salicylate was discontinued. With this exception the same treatment was followed. She now steadily improved, and in five or six days could move the paralyzed leg slightly, and in a day or two more the arm.

By May 7th she had almost perfect use of both arm and leg, and the swelling and tenderness of the latter had disappeared. It was now noticed that though the mind seemed clear in every other respect, amnesia existed to a moderate extent. She could not remember the names of familiar acquaintances, and it was even difficult for her to recall her husband's name. Names of places also easily escaped her memory. On attempting to write she was greatly mortified to find that she had forgotten how to spell many of the simplest words. She found also that she had lost her knowledge of music; could not read the notes at all. Her health has gradually improved, and she is now able to ride out; but she has not yet completely recovered from the amnesia.

Comments. Carefully considering all the symptoms in this case, I think we are warranted in drawing the following conclusions in regard to its pathology: There was septicemia from auto-infection, and this septic condition of the blood satisfactorily accounts for the convulsions. No analysis of the urine was made until some days subsequent to the convulsive seizures; it then showed no trace of albumen. The hemiplegia could hardly have resulted from injury to the brain caused by the convulsions, as it did not occur until eight days afterward. The paralysis is better explained on the theory of thrombosis and embolism from blood dyscrasia. The occurrence of phlegmasia dolens is strong proof of the correctness of this explanation, as showing a condition of blood favorable to the formation of thrombi; and the patient being of feeble constitution is corroborative evidence. In attempting to locate the brain-clot we are met by many difficulties. As is well known, the usual situation of the obstruction in cerebral embolism is the left middle

cerebral artery, producing right-sided hemiplegia with aphagia; but in this case, though aphagia existed to a moderate degree it was the left side that was paralyzed. Again, the fact that the muscles of the face were so slightly affected, while those of deglutition and respiration were so seriously involved in the paralysis, would lead to the conclusion that there was a partial obstruction of one of the vertebral arteries—probably the left; but this does not well explain the amnesia. In regard to the treatment, it is only necessary to say that it was based on the diagnosis of septicemia; beyond this it was only intended to meet the indications as they arose.

New Vienna, O.

A CASE OF BRAIN TUMOR.*

BY CHAS. W. MILES, M.D.

Master M., aged eleven years, of decided strumous habit, rode several miles horseback on the 7th of March, 1879, to consult me in regard to a supposed worm trouble. For several weeks past he has been vomiting on rising in the morning. Appetite voracious, but eating does not excite vomiting. Bowels constipated. Has slight frontal headache, and sits constantly with his head resting on his hands. Is listless. Supra-orbital veins of right side are greatly engorged. Has a discharge from both ears of long standing. Both ear-drums are perforated. Mastoid of right side shows evidences of former disease. Pulse 70 per minute; temperature 98.5°. The ophthalmoscope reveals double optic neuritis. The papillæ are much swollen and striated, giving them that peculiar appearance which has been so aptly described as "woolly." Vision $\frac{20}{XX}$.

* From a Report of Cases read before the Southwestern Kentucky Medical Association.

The fact of his having double optic neuritis, together with his general condition, led me to diagnosticate a tumor in the right base of the brain, probably in the course of the cavernous sinus. Iodide of potash was directed in five-grain doses three times a day, together with a mercurial purge, to be repeated as often as the bowels required it.

March 10th, patient is drowsy and inclined to sleep; headache and vomiting relieved; pulse while recumbent, 62; standing, 80 per minute; temperature 98.5°.

March 13th, patient is flighty; bladder emptied unconsciously; pulse, recumbent, 60; standing, 96; temperature 98.5°; vomiting and headache returned; V=$\frac{20}{XXX}$; discharge from the ears has ceased; iodide increased to ten grains at a dose.

April 6th, patient has been apparently better until yesterday, when he had a slight convulsion; lids of right eye are considerably puffed; headache, which had disappeared, has returned, but is not so persistent; vomiting continues; pulse, recumbent, 62; standing, 80; temperature 98.5°; V=$\frac{20}{XXX}$.

April 8th, was called in the night to see the patient, who had been found in bed comatose. A series of slight convulsions, attended with extreme flexion of the thumbs, followed the return of consciousness. Pulse 100; temperature 98.5°. Pupils widely dilated; tongue and buccinator muscles paralyzed; bulging of the papillæ still more marked; severe pain in the region of the occipito-atloid articulation. An issue was established in the back of the neck. Iodide increased to twenty grains, with an excess of iodine, as suggested by Dr. Whayne, who was asked to see the patient with me.

April 11th, has a profuse discharge from both ears, and feels better.

April 20th, patient has been better until to-day, when he fell on the floor temporarily unconscious. Face became flushed, and the pulse ran up to 110 per minute. Temperature 98.5°. I find his vision today as follows: V=R. E. $\frac{20}{XXX}$, L. E. $\frac{20}{XL}$.

April 24th, patient has a convergent squint, with double vision. Excess of iodine discontinued.

April 29th, appetite voracious again; pulse 130; temperature 99°; bowels tympanitic; pupils sometimes contract to a pin-point and as suddenly dilate again; iodide increased to forty-grain doses.

May 13th, pulse 130, temperature 98.75°. V=R. E. $\frac{20}{XXX}$, L. E. $\frac{20}{XL}$. Signs of white atrophy in both disks.

From this time the patient improved in every respect (the engorged veins decreasing, the puffiness of the lids disappearing), except as regards vision, which grew progressively worse, as per following notes:

June 8th, V=R. E. $\frac{20}{CC}$, L. E. $\frac{10}{CC}$; veins not so tortuous; disk slightly outlined, but not distinct.

June 17th, V=R. E. $\frac{5}{CC}$, L. E. can scarcely discern the hand moved at a distance of eighteen inches from the face; white atrophy well established in both disks.

The patient's vision grew gradually worse until he failed to point the direction of a bright light burning in a dark room. Six months after, under the continued use of iodide of potash in forty grain doses, his vision began slowly to improve—the right especially, the left but little. I would add that during the treatment I gained information which satisfied me beyond doubt of the syphilitic origin of the disease.

The case is reported more especially that I may call attention to the great advantage which we possess in the ophthalmoscope as a means of diagnosticating certain diseases of the brain.

Probably nothing offers us a better insight into the condition of the brain, as regards its blood-supply, than the optic disk and retina, situated as they are so near the brain, and the connection being so intimate, both as regards the blood-supply and the nervous connections, that we might almost regard them as a part of the brain itself.

Of all the symptoms of brain tumor, double optic neuritis is probably the most reliable, unless an exception be made of

hemiplegia. It is a symptom which is rarely absent, and when present is generally easily recognized.

An important point to be remembered is, that a patient may have marked optic neuritis in both eyes and yet be able to read the finest print. This was beautifully exemplified in the case which I have just reported. It follows that we should never wait for symptoms of amblyopia to call our attention to the condition of the optic nerve.

With regard to the position of the tumor producing optic neuritis, Hughlings Jackson says that "the question whether white or gray matter is involved is of more importance than the question whether the cerebrum or cerebellum be the seat of the disease."

I might mention many other diseases of the brain which register their peculiarities in the fundus of the eye, for indeed all diseases affecting the blood-supply of the brain are attended at times by these peculiar changes; but such is not the object of this paper.

JORDAN, KY.

CHIP IN THE WINDPIPE—OPERATION FOR EXTRACTION.

BY RUFUS W. GRISWOLD, M. D.

May 10, 1880, R. W., a boy of twelve, was brought to my office troubled with a noise on inspiration very much resembling the inspiration in cases of asthma. Two days before he had gone to his mother appearing somewhat "strangled," and saying he had "swallowed a chip." The boy had not been in right good health for the two weeks previous; had some cold and not very much appetite. Found his tongue coated, pulse slightly above normal. The day previous (9th) he had walked several miles, but had to sit and rest occasionally at the latter end

of the time. No difficulty on swallowing, no cough, no soreness about the throat, no abnormality about the breathing when asleep. Family on the mother's side an asthmatic one; three aunts have suffered very much from the disease. Examination of the throat in the usual way showed the pharynx clear; finger carried down to the glottis and around it detected nothing.

Despite the story of the boy, there seemed to be some doubt about the diagnosis. The asthmatic tendency, the asthmatic breathing, the absence of cough except when a mucous secretion collected in the trachea occasionally and called for expectoration, and which was readily raised and thrown off; the relief afforded to the breathing by mild doses of syr. ipecac and vin. ant.; and the absence of the disagreeable respiration when the boy was asleep gave room to doubt the presence of a foreign body in the air-passage. A large elastic catheter carried down the esophagus to the stomach showed there was no obstruction in that canal. But as the case did not improve, I took the boy on the 13th to Dr. W. T. Bacon, of Hartford, for examination with the laryngoscope. The usefulness of this modern invention for a view of the pharynx and larynx was beautifully illustrated in this case; several examinations were made, and twice Dr. Bacon was certain that he observed a foreign body bridging the air-passage below the vocal cords from right to left. In the reflected image in the laryngoscopic glass it appeared to be *immediately* below the cords. This was not correct; but the difficulty of judging accurately of distance from a reflected image will be easily appreciated. Dr. M. Storrs, of Hartford, was called in consultation on the advisability of operation. It was concluded that the chances for the chip to pass downward to the lungs, there creating irritation, inflammation, abscess, and perhaps finally resulting fatally, were much greater than that it would be coughed up; that there was also danger from strangution while it remained in the air-passage, as also of suppuration around it, and perforation of the tube. The fact was also considered that cases of entire severance of the larynx or trachea and esophagus for suicidal purposes, without a successful result

in the intention, were of frequent occurrence; that deaths after laryngotomy or tracheotomy were not in consequence of the operation, but in spite of it, being mostly performed in cases of disease which had already done work that would prove fatal, or would do it in the future, sooner or later.

Operation was done on the 14th by Dr. Storrs—Dr. Bacon, Dr. E. H. Griswold, of Rocky Hill, and the writer, assisting. Patient was anesthetized with combination of chloroform and sulph. ether. There was considerable vomiting before dissection was commenced. An opening was made directly below the thyroid and between it and the cricoid cartilage. The small amount of bleeding was controlled by torsion of the vessels. The offending body was not readily discovered; whether incision had been made above or below it was uncertain; the intention was to go below, and as it was thought to be higher up the incision was carried upward between the wings of the thyroid. Not being found above, a probe was carried into the trachea, but it did not encounter any thing, having passed down by the side of the chip. A reflected light from the laryngoscopic mirror was then directed into the trachea, and the chip was discovered lodged about opposite the upper ring, where it enters the cricoid cartilage, and was removed with a small forceps. It was about seven sixteenths of an inch long, three sixteenths wide, and one sixteenth thick, of hard wood, and with square and sharp corners that held it closely in place. The wound was closed with five iron-wire sutures, and the neck was kept constantly wet with a light cloth of three or four thicknesses wrung out frequently in cold water. Union by first intention, and without suppuration, took place; the little inflammation about the wound was in the track of the sutures, the spaces between being nearly free from it. The patient was kept in a large room with a temperature of 70° F. from a fire on the hearth, the open fire-place also securing the best of ventilation. The wires were removed at the end of a week, and in two weeks the boy was entirely well.

Rocky Hill, Conn.

FOREIGN CORRESPONDENCE.

My Dear Yandell: LONDON, July 15, 1880.

We are all looking out for you, and expect you again in England, where you will find that you are not forgotten and that our remembrance of you is fresh and green. So, as there is not likely to be yellow fever or cholera to demand your services, and times are improving with you, so that every body will be making money or sharing in the fortune of those who do, consequently they are too busy to be in need of medical services. So just pack up a change of linen and take another look at Old England, merely to take an observation as to whether the little island is anchored in the same place it was when you last took farewell of it.

Your friend Richard Davy has turned his attention to the treatment of spinal caries *à la Sayre*, for whose originality of thought he has a profound respect. No doubt Sayre does think more originally and with more regard to physiology than any other surgeon (I do not desire to be personally offensive) of his day; and in giving diseased parts physiological rest, and so allowing of reparative action, he is sound and trustworthy. That he has not perfected the practical side of his labor probably he himself will readily admit, and long may he live to continue his labors. Davy thinks suspension not always quite safe in spinal and especially cervical caries; and Dr. Tom Walker, of Peterboro, one of the finest specimens of the old-fashioned "all-round" man extant, goes in for the recumbent posture in applying "the jacket." Theoretically, it is clear that the weight of the body may be sufficient to snap some carious vertebral process or some imperfectly-developed osseous splint that nature is applying to strengthen a weak part; practically, whether such an untoward accident has occurred or not, I do not know.

Davy's objections to Sayre's plan of applying the jacket are as follows: "(1) The risk and personal discomfort, both to pa-

tient and surgeon, of the tripod suspension; (2) the cracking, creasing, and consequent insufficiency of the support, due to the necessary shift of the patient's surroundings; (3) to the weight of the plaster of paris." He says, "With regard to the risk of suspension by the chin and armpits, I have no wish to play the part of an alarmist nor to unduly exaggerate the danger of extension to the spine; but as a pupil of the late John Hilton I ask if any surgeon who values past surgical records can carefully read Lecture 5 in his work on 'Rest and Pain' and be ready to fearlessly suspend cases of cervical caries?" He continues, "Noticing, moreover, how nature expands into such massive bony shields the laminæ of diseased vertebræ, and unites them, on the principle of *vis unita fortior*, I fail to see how even carefully-regulated hanging can assist her in the process; and my answer to those surgeons who state that they stop suspension the moment pain is felt is, 'Your interference has arrived a moment too late.'"

After seeing Sayre's plan carried out in his own office, and on his return to England, he carried out a series of experiments by suspending patients in hammocks. Mr. Davy is very partial to hammocks, as our surgeons here all know. A piece of canvas longer than the patient's body is swung hammock-wise and two slits made for the patient's arms, and in this the patient lies with the face downward, a slit at the lips allowing of respiration. The patient is then extended or not, according to the views of the operator, and the plaster of paris or other fixing material leisurely applied. A free current of air is allowed to play round the patient's body, for which a good fire is often useful. The plaster dries rapidly, the patient being quite comfortable, and often sleeping during the time. After the drying is complete the spare portions can be neatly trimmed off with a pair of scissors. The patient may then literally be said "to take up his bed and walk," the canvas remaining as a sort of accessory vest to the patient's frame.

After reviewing some of the other means of treating spinal caries on Sayre's plan—that is, of making an external skeleton

which shall keep the weight of the head and shoulders off the weak spinal column—Mr. Davy concludes in favor of his plan, "One word, in conclusion, on the question of portability and expense. Any country surgeon can carry hammock and bandages in his coat-pocket, and so operate easily at the child's home instead of its being brought to a tripod. The cost of the hammock is under one shilling, and it may be extemporized out of a common sheet or a long night-shirt." This is a practical view of the subject which must recommend itself to all. Certainly the plan is simple, and the corset so made is effective; but so long as the bulk of practitioners prefer some rule of thumb, some dogmatic statements in which they can put their faith, in preference to exercising individual thought, so long will they stick to one form or other of dressing in preference to other forms, and be steadily oblivious of the principle which underlies the specific form of making the corset.

The plan of making the asylum for lunatics less of jail and more like an ordinary house is making its way extensively. But Dr. Rutherford, of the Barony Parochial Asylum at Woodilee, near Glasgow, has gone a step further in this direction than any one else so far. All the doors in that asylum now open with ordinary handles, and only the chief attendants are in possession of a key. Yet no accident or untoward occurrence has so far happened. Dr. Rutherford believes that by keeping the patients fully occupied, and so counteracting the tendency to nurse their insane ideas, he lessens their objections to the restriction of their personal liberty, and consequently they are more reconciled to their position, and greater quiet and contentment are secured. In summing up the pros and cons as to this plan and the question of success, the critic says, "In a Scotch asylum, containing lunatics drawn from an industrious and law-abiding race, and afflicted with the less formidable varieties of insanity, a small number of attendants might suffice; while in an English asylum, in which general paralysis and epilepsy abound, and in which the patients are of a turbulent disposition, a large number might be indispensable." Dr. Rutherford's plan is but the log-

ical outcome of modern opinion as to the treatment of lunatics. Whether it be practicable generally, and, if so, at what cost, is a matter which can only be settled by further extension of the principle. Whether it will prove a success—that is, that it can be worked at a reasonable cost to the ratepayers—it will be most interesting to see. So far the principle of limiting the restrictions upon lunatics has steadily progressed, and every friend to humanity will wish it cordially every success; but to argue from this that asylums are but costly and elaborate engines for the imposition of restrictions, and that they had better be abolished altogether, is to forget the special knowledge of the superintendent and his subordinates, and would deliver back the lunatic from skilled and trained to ignorant supervision.

The view that the Scotch are a law-abiding race is somewhat amusing in remembrance of the character of the old Borderers and their raids into England in the old days of "thugging and riving," when the old dame served up as the dish of the dinner a pair of clean spurs, and of the habits of the Highland chieftains with their predilections of cattle-lifting. But it does not do to be censorious with "the peep-shot of anonymous marksmen," as Oliver Wendell Holmes happily puts it. Perhaps some of your readers do not always agree perfectly with what I myself say in your pages.

And now, my dear Yandell, you will, I hope, write the next series of London letters yourself, which will be far more interesting to your numerous readers than any thing I can ever say. But in concluding my contributions to your pages I feel that they have given me much pleasure in their writing, and that if I could only see my way to find the time I would most willingly continue them. But those "circumstances over which we can exercise no control"—the eternal excuse which must have existed in pre-Adamite time, and which formed the first recorded excuse—must once more be utilized in my behalf. So allow me to say farewell.

[There is not one of our readers who will regret so much as we do that for the present, at least, Dr. J. Milner Fothergill re-

signs the position of London correspondent of this journal. At a future day he may resume his place on its staff. We hope the time may not be long deferred. Meanwhile steps have been taken to have the correspondence continued by other hands. Besides the professional value possessed by the letters themselves, which added so much to the attractiveness of this journal, they had a very great interest to the person to whom they were addressed, growing out of the pleasant relations which for some years past have existed between the distinguished Londoner and himself. The hope expressed by Dr. Fothergill that the letters will be continued by the friend to whom his were written is deferred, at least for 1880. The pre-Adamite excuse which Dr. Fothergill gives rumor says is but another name for changing his estate, or, in a word, for becoming a Benedict.—D. W. Y.]

Reviews.

A Practical Treatise on Nervous Exhaustion (Neurasthenia): its Symptoms, Nature, Sequences, Treatment. By George M. Beard, A.M., M.D., Fellow of the New York Academy of Medicine, of the New York Academy of Sciences, Vice-president of the American Academy of Medicine, Member of the American Neurological Association, of the American Medical Association, the New York Neurological Society, etc. New York: Wm. Wood & Co. 1880. Pp. 198.

Eleven years ago Dr. Beard published his first essay on Neurasthenia, after it had been read to the New York Medical Journal Association, and he has been writing and publishing on the subject ever since, giving the result of his accumulated experience and study. He has had personal intercourse and correspondence with Charcot, of Paris, Hutchinson, of London, and Erb, of Heidelberg, and other eminent European neurologists, and is apparently in close fellowship with the distinguished specialists of this class in the United States.

His book consists of a preface and five chapters. The preface asserts the more frequent occurrence of neurasthenia in the United States than elsewhere in the world, defines what is meant by the term, and recites the extent of his own studies and literary labors in this branch of neurology. It contains this statement: "It is designed that this work shall be exclusively practical, and for that reason the causes of neurasthenia have received no consideration." This is a mistake of magnitude in a work that claims to be a treatise that gives the symptoms and nature of a malady as well as sequences and treatment, and the gravity of this omission is not lessened by the announcement that the author will soon have ready another work in which the causes are fully set forth. Where causes of disease are known a practical treatise is defective if they are not stated.

Chapter 1 is an introduction, and lays a fair foundation for the subsequent superstructure.

Chapter 2 treats of the symptoms and occupies seventy-four pages, going into much detail, bringing the reader to the conclusion that nervous exhaustion has no pathognomonic symptoms, but has nearly or quite all those that characterize all classes of the neuroses.

Chapter 3 presents the nature and diagnosis of nervous exhaustion; and it is here that one specially feels the want of some statement of the causes and pathology of neurasthenia. The abundant experience of Dr. Beard and his long habit of giving seemingly trivial signs the real significance that they imply probably has caused him to overlook the necessities of the novice in practice and of the general practitioner who has not given more than ordinary attention to the recent rapid and extensive development of neurological studies.

Chapter 4 is on the prognosis and sequences, and chapter 5 on the treatment and hygiene of nervous exhaustion. This last contains many general principles, important and instructive, and in some instances goes into details. The reader will find here the valuable information that in both the medication and hygienic management of nervous exhaustion a timid and half-sufficient course is bad and a heroic overdoing is worse. The teachings of this chapter bring one to the conviction that its author very justly holds that he who treats this disease successfully must have thorough knowledge of its nature and symptoms as a part of his complete understanding of the nervous system as a whole and of its disorders.

The author infuses a deal of ego into this treatise, and the perusal of the book gives one the idea that its construction was modified by a (possibly unconscious) bias in the author that other specialists in neurology would be benefited by a presentation of the extent and results of his investigation in this department of medical practice. But it must not be understood that it is without value to the general practitioner. On the contrary, it will be a material aid to those who have given attention to the

writings of Charcot, Rosenthal, Mitchell, Goodell, Hughes, Jewell, and others; but it will fall short of a complete practical guide until it is supplemented by a clinical handbook or other production that will detail the exact method of the author in the presence of his patient.

Notwithstanding all that Dr. Beard and others have written on neurasthenia it is still a disorder of protean forms that one sees as through a glass dimly, and requires not only much acumen, but substantial faith to compass its proportions and understand its ramifications. Its very name is seemingly a misnomer. Taking the symptoms and description as presented by Dr. Beard, it does not appear like nervous exhaustion, but rather indicates an imperfect, irregular, or misdirected nervous condition. There is apparently not a lack of nerve force, but an unbalanced state of it. Still we must have names for things—and our author is fond of inventing additional ones—and when we understand what is meant by a term it is important only in an esthetic sense that it be etymologically correct. As presented in the volume under notice, neurasthenia is the present synonym of the late functional nervous diseases, and with this understanding the book may be commended to the attention of those general practitioners who are seeking to comprehend something of the recent extensive investigations in neurology, and they are a legion. J. F. H.

Headaches: their Nature, Cause, and Treatment. By William Henry Day, M.D., Member of the Royal College of Physicians, London; Physician to the Samaritan Hospital for Women and Children. Third edition, with illustrations. Philadelphia: Lindsay & Blakiston. 1880. Pp. 322.

This is a taking title; and when we remember that the second edition was issued in 1877, a new one early in 1880 signalizes an acceptable book, much purchased and popular; at least this

would be the reasonable inference. In the introduction the author admits the difficulty of defining headache in terms that will embrace all its varieties, and then in seventeen chapters names seventeen kinds of headache with their causes and treatment. At the end of the book are one hundred and sixteen formulæ containing combinations of most of the older standard remedies in very appropriate association, ending with a valuable note that many of these prescriptions are suitable for children in doses proportioned to age. The illustrations begin with an elegant colored plate of cerebral cells, copied with credit from Dr. Major, and end with a rough wood-cut diagram claiming to show the course of the vasomotor nerves of the liver. The intermediate pictures are a side- and base-view of the human brain, probably copied from Ferrier, and Thornton's engraving of the method of applying ice-water to the head through a tubular cap. The last has practical application in the text; the other four appear to be for ornamentation.

There is much valuable information in Dr. Day's volume; but it is not fresh, is diffuse, and leaves the young reader with a great many appliances for a great many headaches and but little definite practical instruction how to use them. This third edition of Day leaves room for a very valuable treatise on the very difficult subject of headaches. J. F. H.

A System of Medicine. Edited by J. Russell Reynolds, M.D., F.R.S., Fellow of the Royal College of Physicians of London, etc. With numerous additions and illustrations by Henry Hartshorne, A.M., M.D., Fellow of the College of Physicians of Philadelphia, etc. Volume 2, Diseases of the Respiratory and Circulatory Systems; Volume 3, Diseases of the Digestive, Blood-glandular, Urinary, Reproductive, and Cutaneous Systems. Philadelphia: Henry C. Lea's Son & Co. 1880. 8vo. Pp. 999.

We have previously noticed the first volume of this work and expressed our sense of its very great value. Volumes 2 and 3,

which complete the series, are fully up to volume 1. The American editor, Dr. Hartshorne, shows up particularly well in volume 3 in the chapters on Cholera Morbus, Cholera Infantum, Trichina Spiralis, Spermatorrhea, Bronchocele, and Progressive Pernicious Anemia. Valuable as the work was when issued in England, the labors of Dr. Hartshorne have added very greatly to its worth, and it can now but be regarded as the best encyclopedia of medicine extant.

A New Method of Permanently Removing Superfluous Hairs. By L. DUNCAN BULKLEY, A.M., M.D. New York: G. P. Putnam's Sons. 1880.

On the Nomenclature and Classification of Diseases of the Skin, WITH REMARKS UPON THAT RECENTLY ADOPTED BY THE AMERICAN DERMATOLOGICAL ASSOCIATION. By the same author.

To permanently destroy hairs, take a suitable forceps and pull out the hair, and as it leaves the follicle insert a three-sided surgeon's or Glover's needle, and with its point break up the mother cells at the bottom of the follicle, and by a rotary motion of the needle in withdrawing it make its edges break up the cells on the wall of the follicle. This is a slow but sure remedy, from twenty-five to forty hairs being as many as can be destroyed at one sitting. Most doctors have one or more lady patients whose tormenting and disfiguring beards will give them courage and endurance to have the hairs destroyed by this or any sure method.

A nomenclature and classification of skin-diseases that shall be adopted and adhered to by the medical world would be a blessing of boundless comfort. *A priori* one would anticipate that diseases of the skin, because open to direct ocular inspection in addition to the means of diagnosis of internal diseases, would be the first to have settled names, a permanent classification, and reliable rules of diagnosis; and yet, as an existing fact,

no class of disorders is involved in more confusion or presents more difficulties of diagnosis to the average practitioner, unless it be so-called nervous diseases.

All success to Dr. Bulkley's efforts to improve the situation.

J. F. H.

Archives of Laryngology. Edited by Louis Elberg, M. D., of New York, in conjunction with J. Solis Cohen, M.D., of Philadelphia, Frederick I. Knight, M.D., of Boston, George M. Lefferts, M.D., of New York, and nine other medical gentlemen in Europe. Vol. 1, No. 1. New York: G. P. Putnam's Sons. March, 1880. To be continued quarterly.

Whatever the good old medical practitioner may think of the propriety of dividing medical practice into specialties, the evolution of the times is rapidly bringing about that condition to a great and greater extent. And why should it not be so in situations where there is enough business to justify it? If practice makes perfect in mechanical manipulation, and if it requires practice to make experts of any kind, we must be irresistibly led to the conviction that the doctor who, having mastered the general science of medicine, devotes himself to the study and practice of one particular branch of it, will be better qualified in that branch than he who spreads his mind and his manipulations over the whole field of medicine. Practical specialties in medicine create a demand if not a necessity for periodical professional literature of a corresponding devotedness.

The pamphlet under notice is the first issue of the first journal devoted to laryngology in the United States, and it has only two predecessors any where—one in Paris and another in Berlin. By a system of interchanges the matter contributed to this journal will appear almost simultaneously in each of the others, as will every thing new and important in them appear at nearly the same time in this. The contents of the present number indicate that the publication in the future will be an aid of importance to all laryngologists.

J. F. H.

The Student's Guide to Diseases of the Eye. By EDWARD NETTLESHIP, F.R.C.S., Ophthalmic Surgeon to St. Thomas's Hospital of London. Philadelphia: Henry C. Lea. 1880. 12mo. Pp. 358.

Mr. Nettleship has aimed in this little volume "to supply students with the information they most need on diseases of the eye in their course," and we are pleased to be able to say that he has accomplished his purpose in a thoroughly satisfactory manner. The examination of the eye occupies forty pages; diseases and injuries of the eye take up one hundred and ninety-eight pages; thirty-five pages are devoted to operations; forty-six pages to errors of accommodation and refraction and to paralysis of ocular nerves; twenty-two pages to the relation of diseases of the eye to constitutional diseases; and six pages to formulæ. The work is illustrated by eighty-nine cuts. To the student of eye-diseases Mr. Nettleship's work will prove a safe guide, while to the general practitioner it will serve as a valuable book of reference.

Common Mind-Troubles and the Secret of a Clear Head. By J. MORTIMER GRANVILLE, M.D., M.R.C.S., etc. Edited, with additions, by an American physician. Philadelphia: D. C. Brinton. 1880. Pp. 185.

Dr. Mortimer Granville lays down the fundamental proposition that the soul is an independent psychical entity, and mind is its manifestation through the human nervous organization; and he insists that those scientists who claim that mind is the result of the functional activity of certain brain-substance must establish their position by irrefragable demonstration. This looks somewhat like begging the question by demanding that the negative be proved. However, there need be no conflict between those who look to the brain for all there is of mind and those who believe that the soul produces mind by its use of the

brain to communicate with the world. Both parties agree that an imperfect or disordered brain will manifest a disordered mind, and to remedy this evil we must restore the integrity of the nervous organization.

The author's effort is mainly devoted to showing how much can be done in this behalf by the subject of disorder by the thorough exercise of his own will to that end. According to his own theory, the initial steps in an aberrant mind are recognized by that mind, and a determined will can control the errant disposition while it is fresh and small, and hinder the development of its full manifestation. All can heartily agree in this conclusion to a certain extent, though they do not reach it by like reasoning; and multitudes of people, professional and lay, will find in this book sentiments in accord with their faith and tastes and an aid to good work. J. F. H.

Transactions of the Society of the Alumni of the Medical College of Ohio. Published by order of the Society; C. S. Muscroft, M.D., Secretary. Cincinnati. 1880. Pp. 171.

In 1819 the Medical College of Ohio was chartered; in 1821 she conferred her first degree; in 1875 her alumni organized themselves into a permanent society and elected the gentleman who graduated in 1821 their first president. This was Dr. J. C. Grubbs, of Boone County, Ky., and he was also the recipient of the first degree of M. D. conferred west of the Alleghany Mountains. In 1821 one medical college with one graduate in the Mississippi Valley, with a handful of inhabitants scattered here and there over the vast region; in 1875 perhaps thirty medical colleges with thousands of graduates, and a powerful, thrifty empire with many great cities and millions of inhabitants; and the first graduate within his business life has witnessed it all. Not in the world was such a marvel of development ever witnessed before.

This volume contains the proceedings of the annual meetings of the society up to and including that of February 28, 1879, with all the addresses, speeches, narratives of incidents, and social entertainments that have transpired. Those interested will find this publication a running history of the college, with many of its professors and a considerable number of its alumni, and will be a great satisfaction to many persons who have had no connection with the college. The annual meetings of the society are held at the time of the college commencement in each spring, the admission fee is one dollar, and every reputable alumnus can become a member. J. F. H.

A Guide to the Practical Examination of Urine: For the Use of Physicians and Students. By James Tyson, M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania; one of the Vice-presidents of the Pathological Society of Philadelphia; one of the Physicians to the Philadelphia Hospital; Fellow of the College of Physicians, Philadelphia, etc. Third edition, revised and corrected, with illustrations. Philadelphia: Lindsay & Blakiston. 1880. Pp. 183.

Numerous are the books extant on the urine and the urinary organs—some so brief as not to have room for enough information to make them valuable; some so extensive as to forbid a busy man to hunt in them for his practical needs; and still others that, avoiding the extremes, contain all necessary information to compass their object, and yet not have it hidden in a multitude of words. Dr. Tyson's Guide belongs to the latter class. The author has made a manual concerning the normal and abnormal urine, and how to detect them, which, for orderly arrangement, perspicuity of style, and completeness of instruction, avoiding withal impractical and tiresome details and theoretical discussions, has no superior in the language. It is, as announced in the title, intended for physicians and students, not professional chemists and experts; and these classes may go

with full faith to its pages and find there plain and intelligent directions, which they can readily follow to a full understanding of any patient's urine they may wish to examine, and in connection therewith such reference to pathological indications as will materially assist them in the application of the knowledge gained.

This third edition brings its contents abreast with the evolution of the day. J. F. H.

Post-mortem Examinations, with Especial Reference to Medico-Legal Practice. By Professor Rudolph Virchow. Translated from the second German edition by Dr. T. R. Smith. Philadelphia: Presley Blakiston. 1880. Pp. 145.

This manual of instructions by the celebrated German medical scientist is, like his other writings, clear, concise, and pointed, and so admirably arranged that it is easy to follow his teachings with full understanding of them. When called in 1844 to make post-mortem examinations for legal purposes he found a lack of system and consequent incompleteness that he set about to remedy, and such was his success that the system here presented has been made legal by the state; and although prepared to meet the requirements of German jurisprudence, its essential features are of equal value in examinations for scientific purposes and in all countries.

The learned and dexterous professor, after presenting written instructions for the procedure, illustrates it most completely by full notes of four examinations—one of an unknown man dead of pulmonary hemorrhage; a second of a suicide, known, gunshot wound of the head; a third a known suicide, gunshot wound of the chest; and a fourth a twin child stillborn near full term. These examinations are given each in detail, including the manner of making the record, and leaving the assurance that a subsequent examination could add nothing to the information concerning the state of the cadaver or the cause of death.

Any one not already thoroughly grounded in the best manner

of making these examinations will find in this little volume a monitor that will leave nothing to desire in the way of instructions. J. F. H.

Thirteenth Annual Report of the Health Department to the Honorable Common Council of the City of Cincinnati for the Year ending December 31, 1879. Thos. C. Minor, M.D., Health Officer. Cincinnati. 1880. Pp. 311.

Thirteenth Annual Report of the Board of Health to the City Council of the City of Dayton for the Year ending February 29, 1880. Dayton, Ohio. 1880. Pp. 81.

Beside the tables of vital statistics common to all city health reports these volumes contain pretty full discussions of sundry important sanitary problems, which may be esteemed an evidence of the mental activity concerning preventive medicine that is rapidly extending to all classes of physicians, and even at many points enlisting the serious attention of cultured laymen. This is a healthy and promising state of affairs. It testifies, among other things, that sanitary science is not an exact science, and that those who have been called to apply what is known of it recognize its imperfectness and are anxious to aid in its advancement. It seems to be a chief stumbling-block with the populace that doctors can not apply on the instant means that will prevent the development of zymotic disease when they know that a party has been exposed to its exciting cause, the idea with them being apparently that a doctor in this respect should be both omniscient and omnipotent. But doctors themselves are too often unlearned in preventive medicine or too careless of its application.

Dr. Neal, in the Dayton report, goes into detail concerning disinfection of the poisons of infectious and contagious diseases. Now what proportion of general practitioners have clear and correct views of the precise steps to be taken in the line of disinfection when called to an incipient case of typhoid fever, for

example? Is it not true that a considerable fraction of doctors have a fancy that in a sick-room nothing is dangerous that does not smell bad, and that the way to disinfect a bad smell is to diffuse something that smells worse—carbolic acid, for instance? Perhaps this would be a slander on the readers of the AMERICAN PRACTITIONER, but all doctors do not read this instructive menstrual.

Dr. Minor, in the Cincinnati report, gives the history of the settlement of the city, its topography, geology, water-supply, including analysis of nine different waters within reach of Cincinnati, and makes comparisons between them and six waters of eastern cities; calls attention to sources of contamination of the Ohio River water supplied to the city; in short, goes intelligently into and pretty thoroughly over the entire catalogue of affairs that fall within the purview of the health department of a great city.

Dr. Neal's report is not historical nor so elaborate, but is an appropriate presentation of the sanitary affairs of the city of Dayton, not only in their present condition, but in their estimated future needs.

Both reports are of a character calculated to instruct those who have to do with public affairs; and it would be of service in the welfare of the inhabitants of the cities to which they relate if the officials thereof could be induced to study these reports; and moreover, it would assist in the more rapid development of sanitary science—a consideration by no means to be ignored in this connection. J. F. H.

Clinic of the Month.

Antiseptic Surgery. — In the debate on this subject, to which we referred in the July number of this journal, Mr. Jonathan Hutchinson said:

The subject still remains one of great intricacy and difficulty, and, although there are points respecting which I feel able to hold clear and strong opinions, on the general question I must speak with diffidence. On this matter we are in great want of detailed statistics, and have a surplusage of those which are vague and untrustworthy. Hence much bewilderment.

I am referring to the practical merits of the spray and gauze method of dressing wounds, which we now know as Listerism or "the antiseptic method." Respecting the antiseptic principle and the usefulness of antiseptics, we are, I think, agreed. It is as to the value, the comparative value, of that special method that some still doubt. As the time at my disposal is short, I may be permitted briefly to avow my own faith. I believe confidently that the spray and gauze plan of dressing is a very efficient plan of preventing the putrefaction of fluids in wounds, and that this prevention is of the utmost importance in avoiding wound-fever and blood-poisoning. I believe further that it will not only prevent the influence of common air as a cause of the putrefaction of dead material, but that it is also potent to kill the germs by which are induced certain more or less specific forms of inflammation, such as suppurative phlebitis, erysipelas, and allied conditions. I can not doubt that these measures keep wounds sweet, and do this under conditions which are not favorable, and when without them these results would not have been attained. I have seen large abscesses opened under the spray and dressed with the gauze which did not suppurate further, and which behaved in a way wholly unexampled under the older methods of dressing. I have also seen many large operation wounds so treated heal without suppuration and without the slightest approach to a febrile condition. I have not yet ventured on any of the more daring procedures, such as opening comparatively healthy joints or cutting into hernial sacs with a view to radical cure, but I accept the evidence which has been recorded on

these subjects. Let me be permitted to add that I also quite believe that the details of Mr. Lister's plan are essential to its success.

There remain several explanations which I wish to make. I desire to make a few comments on the stages by which our modern opinions have been reached, and in explanation of the fact that those who do not employ the spray and gauze method are able to show that their results in the gross are nearly as good as if they did. My surgical memory easily goes back to the earliest periods of the movement which has resulted in a splendid reform of operative surgery, which has made the treatment of wounds comparatively without danger, and which has opened out to the surgeon many paths which were before impassable. It was not in one mind, but in many, that a zeal for the greater success of operations and a feeling of great dissatisfaction with their former results arose. Foremost, from the energy with which he devoted himself to the work, I must mention Sir James Simpson. He never tired of telling hospital surgeons that they were losing their patients on a scale which was far beyond what was inevitable, or of endeavoring to devise expedients which should help. In the belief that ligatures and the bits of sloughing tissue which they were supposed to cause were the means of poisoning wounds, an immense amount of ingenuity was devoted to perfecting the details of acupressure. The evils of hospitalism were loudly proclaimed and the all-important duty of isolation of contagious cases was insisted upon. Next came the discovery of carbolic acid, and its introduction into practice, and its use as a disinfectant of wounds. Earlier than this, however, Mr. Spencer Wells became editor of the Medical Times and Gazette, and he at once devised a scheme for bringing to the light the real facts as to the mortality of operations. I was then his junior coadjutor, and the collecting of materials devolved upon me, but the plan was his. The design was by the publication of all operations in all the hospitals to which we could get access to obtain data which should be trustworthy as to the rate of mortality of each and the real causes of death.

Of these statistics Sir James Simpson and others largely availed themselves, and I believe they were indirectly the cause of much of our subsequent gains. If my memory does not deceive me, the first nine ovariotomies which we thus dragged to light were all fatal. The ratio of improvement in the results of other operations has not been so great as in this one, but it has been very large. It was while our minds were much occupied with acupressure, torsion, etc., that we heard of disinfecting the air and the wound by carbolic acid. By degrees Mr. Lister developed his practice in detail, and with steady patience kept close to his germ theory. The splendid results we

partly know. But during the development of Listerism other and very important hospital reforms were in progress. Gradually every hospital was provided with an isolation-ward, and cases of erysipelas, gangrene, and the like were promptly removed from proximity with the healthy. Torsion of arteries and the catgut ligature superseded the old silk, and the proved value of carbolic lotions, etc. led to many other antiseptics—chloride of zinc, spirits of wine, iodine, terebene, etc.—being largely employed. My object in these statements has been to prepare the way for an answer to the question, How is it, if the spray and gauze plan of dressing be so valuable, that some of those who do not use it get such excellent results?

The statistics of St. Bartholomew's have been brought forward, first by Mr. Callender and more recently by Mr. Savory, in proof that Listerism is at any rate not essential. Mr. Bryant has mentioned his own results in support of the same position, and I have often referred to my own. At the London Hospital for many years Lister's precautions have been most ably and zealously used by one of my colleagues, yet his mortality has never been lower than my own. The explanation is, I think, to be found by reference to several facts. First, most of us (I speak now of those not using the spray and gauze) have been sedulous in the employment of some other antiseptic. Mr. Savory and Mr. Callender have used carbolic oil; Mr. Bryant, iodine and terebene; myself, spirits of wine and lead; and to these much of our results have probably been due. Secondly, I think an exaggerated impression as to the injurious effects of common air has got about. It was air laden with specific germs—those of erysipelas, hospital gangrene, and pyemia—which in former times was so hurtful. From the risk of these the isolation-ward and the frequent use of disinfectants for sponges, hands, and dressings have to a large extent freed us. Thirdly, it is quite possible that the spray and gauze plan, so useful in some cases, may in others be cause of harm. Lastly, it ought probably to be admitted that those surgeons who show an unusually small percentage of mortality, while neglecting special antiseptics, are mostly of the cautious class, and abstain from operations involving peculiar risk.

One of the duties which must be undertaken in the future will be to investigate the mortality under different plans of treatment of each several operation. Let us inquire as regards excisions of the breast, removals of loose cartilages from joints, amputations in each several part, excisions of each several joint, etc., and ascertain what the average mortality is under treatment by cleanliness without special disinfectants, and that under each kind of antiseptic application. The spray and gauze method does not appear to be well adapted for cases

in which frequent movement of the part is likely to be hurtful—such, for instance, as compound fractures. Nor is it helpful where it is of great consequence to avoid a conspicuous scar. For the excision of tumors from exposed parts I have had far better results in the way of immediate union and inconspicuous scar from the lead and spirit plan. For wounds which have already been exposed to risk of infection I think that other means are usually preferable, and so also in all cases in which inflammatory conditions have already set in. It does not tend to repress inflammation, but only to prevent it; whereas the lead and spirit lotion does both. For most cases in which the surgeon makes his wound the Listerian plan is admirable; and under this head we comprise all openings of joints and serous cavities, all osteotomies, most excisions of tumors, all openings of abscesses, and most amputations. So great are its advantages in this large department of surgery in diminishing suffering and preventing the risk of death that there can, I think, be but one opinion as to the gratitude due from mankind to the genius, perseverance, and enthusiasm to which we owe it.

Mr. Hutchinson was followed by Sir James Paget, who said:

I am not able to discuss the difference to which Mr. Hutchinson has referred between the complete antiseptic treatment with gauze and spray and the less complete treatment which many have adopted. I must speak more broadly of the whole subject; and, for the sake of simplicity and brevity, I will speak of the treatments of only such wounds as are made in operations, omitting all mention of accidental wounds, compound fractures, and the like. Moreover, from among operations I shall exclude all such as tracheotomy and those for hernia, after which, if death follows, it is generally the consequence not of the wound, but of the continued disease; and from the first comparison of results I shall exclude ovariotomy, incisions of joints, and a few more, of which, however, I hope to speak before ending. And for nearly all cases I shall take my observations from my own practice and from what I have seen at St. Bartholomew's Hospital.

The reports which we have heard of the use of the complete antiseptic treatment in certain foreign hospitals make it impossible to doubt that it is absolutely potent for the repression of nearly all the fatal influences of foul air and the infective diseases of wounds. We have it stated on good authority that, speaking roughly, every wounded person brought into a certain hospital or every person wounded there became the subject of some infective disease, whether hospital gangrene, pyemia, or some other; and that since the introduction of the complete antiseptic treatment that condition of things has ceased or

has been reduced to a minimum. I do not doubt this or try to depreciate so admirable a fact; but the question remains whether the same good results can be attained by other and, for the general conditions of both hospitals and private practice, better means. Now at St. Bartholomew's first Mr. Callender and then Mr. Savory have shown that the mortality of operations, with a partial application of antiseptic treatment, is as low as has been reached any where. This statement I can confirm, for the statistics first published by Mr. Callender included the last three years of my practice in the same wards as he had when he succeeded me. And the hospital statistics are confirmed by those of my private practice, for in respect of mortality the differences between hospital and private practice are very small. For many years I kept my papers separate and then compared them, and the result showed that, with the exception of such differences as might fairly be assigned to the different characters and social conditions of the patients, there was no difference in the consequences of similar operations performed in a hospital or in private houses by the same person, at the same times, and with the same general principles of management.

In both hospital and private practice the mortality after operations has greatly changed during the time in which I have observed it, and it is useful to observe that the change has been, on the whole, a constant diminution. There has been no sudden change, as if by a suddenly-introduced remedy; but, on the whole, a gradual diminution. I have been observing operations and their consequences for rather more than forty years; but I will take for comparison the period of thirty years beginning at 1847, when I was appointed assistant surgeon at St. Bartholomew's, and ending in 1877, when I left off operating. During the first twenty-three of these years I performed and saw operations in both hospital and private practice; in the last seven in private practice alone.

In using numbers I must now speak roughly, and without pretense of having always had accurate statistics, such as in this question are certainly not yet attained or I believe possible. But from some statistics and from strong general impression I believe it may be stated that in the first part of the thirty years, say in the first ten years, the total mortality from all operations, capital and minor together, was not less than fifteen per cent, that in the second period it fell to less than ten per cent, and in the third to less than five. In the last seven years, when I had only operations in private practice, it was less than two per cent from all sources. I think it certain that in thirty years the mortality from all causes after operations of all kinds, with the excep-

tions I have referred to, has fallen from about fifteen to less than five per cent.

And if I take the larger operations, such as the larger amputations, excisions of the breast, and the rest, I believe I may say that the total mortality has gradually fallen from more than twenty per cent in the first period of the thirty years to less than ten per cent in the last. Let me repeat, I do not pretend to exactness in these numbers; there are good reasons why exactness can not yet be attained; but they may serve to express with sufficient accuracy the diminution of mortality after operations at St. Bartholomew's and in my own practice, and I believe at many similar hospitals and in the practice of other surgeons.

How has this result been attained? The reports from some hospitals abroad show that a similar but even more striking result has quickly followed the introduction of antiseptic surgery, and that no other influence than this has been at work in them. I suspect that the belief in the absence of all other good influences is not quite just; but certainly in this country we have no facts that can be compared with theirs; and even those among us who are most devoted to antiseptic treatment can hardly doubt that the good results they have obtained may have been due in some measure to other less-observed good influences.

Let me point out what have been the chief good influences brought to bear on the consequences of operations during the last thirty years, especially on those consequences against which the antiseptic treatment is directed. But, first, as I am referring at present to mortalities alone, it is to be observed that in this country and in nearly all our hospitals a large proportion of the patients are not susceptible of the fatal influences of the infective diseases. Whether this is to be ascribed to the power of resistance possessed by the patients or to a defective quantity or intensity of the infective material, or to both, I need not now consider. The fact is, that in the worst times for operative surgery that I have known a large percentage—sixty, seventy, or more even—of those who underwent capital operations escaped death, and I think I may say escaped erysipelas, pyemia, and the other perils against which antiseptics and our other methods of protection are directed. This large percentage therefore, this number of insusceptible, or, as I may call them, not poisonable people, must be left out of account in our estimates of the comparative utilities of modern methods of protection. They escape now as they did then. When, with our present wise dread of putrid and infectious matter, we look back at the treatment some of them received and the manner of dressing their wounds it may seem

strange that any should have escaped. Every stump and every large wound at its first dressing diffused an abominable stench from the foul-smelling fluids shut up in it, yet the patients were not septicemic. Patients with pyemia, erysipelas, and putrid wounds were mingled in the same ward, yet they were not all infected; a large majority did well.

Happily a much larger majority do well now. Let me tell what seem to me the reasons for this improvement even where the antiseptic treatment is not employed or is employed in a very limited manner.

First. During the last thirty years surgeons have left off some bad practices. At the beginning of this period the practice of bleeding before or after operations had not ceased. Some still thought it necessary to prepare certain patients for operation by taking blood from them, and more were in the habit of applying even a large number of leeches over the parts near wounds when any flush of erysipelas or of deeper cellular inflammation appeared. Still more general was the custom of giving active aperients, salines, antimony, and other medicines which may at least have done harm by interference with useful quietude. Some surgeons preferred an extremely low diet for even many days after an operation; a few thought it useful to give, even from the first, large quantities of stimulants. All this, I suppose, has passed away. For ten or more years there has been, in the place of these things, a wise simplicity of after-treatment, and I can not doubt that it may be credited with a share in the diminution of mortality.

Again: In the last twenty years we have had vast changes made for sanitary purposes in all our hospitals and a quantity of sanitary work past counting done in our large towns and houses. The tens of thousands of pounds which I have seen spent for this purpose at St. Bartholomew's have told of only a large instance of the care taken every where to exclude or weaken the sources of hospital disease; and if we are right in believing that sanitary science has in any way diminished mortalities we can not doubt its having had some influence on the mortalities of patients after operations. They are the very class on whom pure air and water, drainage and ventilation, isolation, and every form of cleanliness would have most influence.

During this same period of about twenty years the system of careful education of nurses has been introduced. There were always among the sisters of our hospitals some nurses excellent in every way, but some of even this class were ignorant and careless, and among the inferior nurses skill was not looked for and care was not usual. It would be difficult to exaggerate the contrast between the nurses of the first five and of the last five years of the period I am speaking of—contrasts

equally great in private and in hospital nurses. It seems to me impossible to doubt that the contrast is shown, in some measure, of the diminished mortality of the operations.

Again: Medical education has in thirty years improved, and among its results I think that all operating surgeons must have felt that they have had better help in the care of their patients, not only from their house surgeons, but from their personal assistants and from the general practitioners who were in more constant attendance than themselves. This can not have been without influence. I believe it has been at least as useful as the improvements in method and in skill which time has brought in nearly all operations. Counting both together—the better operations and the better assistance after them—we surely may believe that in thirty years' progress they must have diminished our mortalities.

Lastly. During the last ten or fifteen years there has been among surgeons a constantly-increasing rivalry for the attainment of the greatest possible success after operations. All, I think, have felt that if any cases should do well under them their operation cases should. There were always a few who by constant personal care were distinguished for success; but the care which was singular has become general; and when I think of the amount of thought and attention which most surgeons gave to patients after operations thirty years ago and the amount given by the same surgeons or by others in the same positions now it seems as if here were cause enough for nearly all the diminution of mortality which I have observed.

Here then are five—and there may be more—influences for good which in the last thirty years have been brought to bear on our patients after operations. Of course no one can tell how much each of them has contributed to the diminution of mortality which has been in the same time effected, but it would be unreasonable to deny to them a large share in it. I believe that to them may be assigned by far the largest share of the diminished mortality at St. Bartholomew's and in my own practice. Say that after operations, in conditions of which we should now be ashamed, eighty-five per cent of the patients escaped, and that in present conditions more than seventy-five per cent escape, or that after capital operations the mortality has been diminished by twenty per cent, surely the changes I have indicated may explain nearly all the difference. I do not in the least depreciate the value of the antiseptic treatment; I do not doubt that it has achieved the success assigned to it in hospitals less well managed than our own; but, so far as the mortality after most operations is concerned, I believe that equally good results have been and still may be obtained

without it or with a very partial use of it. At least it seems clear that with care and watchfulness and scrupulous cleanliness in well-managed hospitals and private houses there is little left for the complete antiseptic treatment to do. It may be that some day results yet nearer to perfection will be attained by the union of complete antiseptic surgery with complete sanitary management. But I hope there will be no attempt to prove in this country that antiseptics are self-sufficient even when there are neither good sanitary arrangements nor skilled nurses nor very watchful surgeons.

I have spoken only of the mortalities after operations; but a mere escape from death is not all we have to wish for. It is not enough that a patient should just escape with his life; it is desirable that he should not be in danger from fever, or from erysipelas, or any other acute disease, nor yet from chronic pyemia or long-continued suppuration, or any other malady introduced or aggravated by the operation. He should be cured with as little illness as possible, and with as little increase as possible of the tendencies to tuberculosis or any of the degeneration of internal organs which may be associated with the disease for which the operation is done.

Our statistics tell only that certain persons either did or did not die. They ought to tell much more than this. I kept for many years a set of notes which indicated not merely the mortalities after my operations, but the well-doing or the ill-doing of each patient, and the observations which I thus made leave me in no doubt that with even a partial antiseptic treatment the recovery of patients after operations was quicker and more free from constitutional disturbance than when I did not employ it. During the last twelve or more years I always washed wounds with the forty-grain solution of chloride of zinc. I rarely used the carbolic spray; much more rarely any drainage-tubes. I always used either torsion or carbolized catgut ligatures, closed wounds as exactly as was possible with silver sutures and plaster, deferred as long as possible the first dressings, gave moderate quantities of food and very rarely any kind of medicine. I believe that by even this measure of antiseptic treatment my mortalities were diminished; but the influence of antiseptics could not be separated from those of the other improvements which I have mentioned. I more than believe—I am sure—that the recoveries were quicker, more direct, more free from risks of septicemia and of the aggravation of chronic diseases than in the earlier periods of my practice, in which I used no antiseptic means and less simplicity of dressing.

In all that I have said I have had in mind only the cases which occur in what may be called the general run of operative surgery. But

there are some groups of cases in which I believe it would be absolutely wrong to dispense with any of the precautions of the complete antiseptic surgery. Among these are the cases of ovariotomy. I look back with remorse to my experience in them at St. Bartholomew's when I compare it with that of Mr. Smith. All my cases were in the first half of my thirty years' practice, and no doubt part of his greater success may be ascribed to the better nursing and better hospital arrangements and better plans of operating which the last fifteen years have supplied. But whatever may be ascribed to all these, I am as sure as he is that the thorough antiseptic treatment has largely contributed to the success which he has attained. His success, contrasted with my failures at St. Bartholomew's, strongly confirms the experience of Mr. Spencer Wells, Dr. Keith, and Mr. Thornton. Their success without antiseptics had indeed been so great that it is hard to estimate the increase of their successes with them, but their general impressions on the question are as decisive as any statistical facts relating to it that can be attained.

As with ovariotomy and (I may add) with all abdominal sections, so with osteotomy and the cutting into healthy joints. I can not doubt that operations of this kind, which in the earlier years of my work were done with great risk, or, with a wise fear of the risk, were left undone, may now, with antiseptic help, be done with an almost complete safety. In this direction antiseptic treatment has certainly enlarged the range of useful and safe surgery.

And another group of cases in which it seems to be of the highest value is that of large abscesses. A few years ago I believed that I had never seen a patient recover after the opening of a lumbar or a psoas abscess with a free incision. I could not remember one who had not died before the opened abscess healed. Of late years I have known such abscesses opened with complete impunity under antiseptic treatment, and there has seemed nothing but this treatment to account for the difference of the results.

Let me briefly sum up the opinions I have formed on antiseptic surgery.

I believe that in its complete form we can nearly neutralize the evil influences of unhealthy hospitals and other like sources of those infective diseases from which arise the largest portions of mortalities after operations.

That it has not yet reduced the death-rate to a lower level than can be attained by good sanitary arrangements, good nursing, strict care and cleanliness, quietude, and simple dressing.

That recoveries after operations are quicker and more free from

fever and other constitutional disturbances when antiseptics are used than when they are not used.

That in certain groups of cases, such as I have enumerated, operations may be safely done with antiseptics which without them would be very hazardous.

And now let me end by saying that of all the achievements of surgery during the last thirty years I regard the diminution of the risks of operations as by far the most important, and that, beyond comparison, he who has contributed most to it is Mr. Lister. More than any he has done good both by his own work and by provoking others to do their best in their own ways.

THE PROPER USE OF THE HOT VAGINAL DOUCHE.—Dr. Clifton Wing thus forcibly puts (Boston Medical and Surgical Journal) this very important subject:

The use of hot-water vaginal injections in uterine affections has now become pretty general; but it is evident from the testimony of patients who have followed the directions of their physicians in using them that many practitioners who order them fail to understand the principle of their action, and consequently do not impress upon their patients the proper method of taking them. As often employed they are calculated to do more harm than good.

The great object which they are intended to accomplish is the driving of the blood from the local parts, thus reducing the weight of the uterus and its appendages, removing tenderness due to congestion, and, when inflammation is present, "starving it out by cutting off its nourishment;" for without active congestion active inflammation can not exist. Moreover, when properly taken they assist the absorption of products of inflammation, and forward the restoration of the normal mobility and elasticity to the tissues of the parts. In short, they act as does a poultice properly applied to any tender or inflamed external portion of the body.

The effect produced upon the circulation of a part by the application of water varies with the temperature of the water and the length of time the application lasts. This can be clearly understood if we call to mind its effect upon our hands. If we dip them into *cold water*, during the time they remain in the water—be it longer or shorter—the blood is driven from them and their circulation is diminished; but as soon as they are withdrawn reaction sets in, the hands become red from increased circulation, and this secondary congestion lasts for a considerable time. This effect of temporary cold in producing sub-

sequent congestion is clearly shown in the red hands of the child who has been playing with snow. Were it possible for a patient to employ the vaginal douche constantly for hours and days without intermission, doubtless the uterine circulation could be controlled by such use of cold water; but of course this can not be carried out in practice; and when employed, as it usually is, for a few minutes only, the real effect of the cold-water injection is to produce congestion instead of correcting it.

If the hands are placed in water which is *warm* (not hot) the blood is drawn to them at the time, and they remain more or less red after their withdrawal. Water simply *warm* then will not answer the purpose of the vaginal douche in correcting congestion.

If the water is *hot* (as hot as can be borne) and the hands are immersed only for a few moments, again congestion is the result; but if one's hands are kept for *a long time in hot water*, as in case of the washer-woman, or the kitchen-maid engaged in washing dishes, on removal they are found to be *white, shrunken, and shriveled*, and they do not regain their usual condition perhaps for hours. In brief, by the prolonged application of hot (not warm) water to a part the supply of blood to that part is decidedly lessened; and moreover, the full circulation is not quickly reëstablished when the application ceases. This is exactly what the hot-water vaginal douche is intended to do, and what it will do if the proper precautions are observed in its use.

In the first place, *the water used must be hot, and not warm*, as can be readily understood from the foregoing. It is safe to tell the patient to have the water "just as hot as she can bear it without being scalded," for it will burn the skin as it returns from the vagina before it will do any harm to the mucous membrane of the internal parts. After a few times the woman will find herself using water at 110° to 120° F. Occasionally an enthusiastic patient will reason, like the Irishman, that "if some is good, more is better," and, helped by hot water, will try hotter, until some irritation of the parts is the result of her overdoing the matter; but this, if it happens, is a temporary trouble, which, the fault removed, will take care of itself; and generally the error is committed of not having the water hot enough. *Care must always be taken that the water does not get cool before the douche is finished. To guard against this, a very little hot water may be added from time to time to the water used.*

Secondly. *The douche must be used at least twenty minutes (better half an hour or more) at a time.* If used for a few minutes only it will, as explained above, cause congestion instead of correcting it. The quantity of water necessary for continuing the injection the proper

length of time is not a few pints or quarts, but a number of gallons. It is not the quantity of water used that is of importance, but it is essential that during the whole time of the douche the temperature of the water in the vagina should be kept up, that the parts may be constantly bathed in water considerably higher than the normal temperature of the body. The constant flow of hot water is the easiest method of gaining the point.

Thirdly. *The patient should never take the douche in the sitting position, with the body erect, but should always lie flat upon her back, with the hips higher than the rest of the body.* If this precaution is not taken the water flows from the end of the injection-tube, and at once returns out from the vagina without coming in contact with the womb and upper parts of the vagina where its effect is wanted. Whereas with the woman on her back, with the hips raised, the womb and what was in the erect posture of the body, the upper part of the vagina, are now lower than the vaginal outlets; consequently the vagina remains filled with the hot water up to the level of its external opening, and the womb and the adjacent parts get the full benefit of the application.

Dr. Emmet, to whom full credit is due for introducing the hot vaginal douches, prefers to have them given in all cases by a nurse, and states, "A steady stream is never as serviceable as the interrupted current from a Davidson syringe." I can not agree with this opinion. I believe I have seen fully as good results from the douche where the steady current of a "fountain syringe" or its equivalent was used as where the Davidson syringe was employed by the most skillful nurse; and I had ample opportunity of watching the latter method when an *interne* at the Woman's Hospital in New York a number of years ago. Furthermore, I feel sure that with many uterine patients it is better to dispense with the services of a nurse, for the constant presence of one who can be called on at any moment for whatever is needed seems in some cases to remove that stimulus for self-exertion which is at times such an important adjuvant in the cure. The Davidson syringe can not be used to advantage by the patient herself. Indeed it is enough to tire a man's arm to pump any amount of water through it. The "fountain syringe" as sold in the shops is of very little value for our purpose, from the fact that its reservoir is altogether too small to hold the requisite amount of water. If used it must be refilled a number of times. I usually tell my patients to get a common-sized wooden water-pail (which will hold water enough and can be obtained for very little); to have a hole bored in its side near the bottom, and a small faucet inserted; to attach to this a piece of rubber tubing (such as can be bought at any rubber store) of about the size commonly used on

syringes, and from four to six feet long, and to the end of this tubing to attach a vaginal nozzle such as comes with any common family syringe. This part of the apparatus is then ready. A spring catch may be used upon the tubing further to control the flow of water, if desired.

As stated above, the douche must be taken with the patient lying on her back, with the hips somewhat raised. This can be accomplished in several ways. It can be used while the patient is taking a warm bath, if there is a set bath in the house, the pail filled with hot water being placed upon a stand or suspended at such a height that the water will flow freely from the tube introduced into the vagina; or the woman can lie crosswise upon a bed, with her hips at the edge and her feet resting upon chairs, a rubber sheet being placed under her in such a way that it will convey the escaping water into a tub placed upon the floor to catch it and at the same time protect the bed from getting wet.

The best way, however, is to employ a proper bed-pan to receive the water, and use the douche while lying in bed. The common crockery bed-pans hold so little that they require to be emptied several times during the process, and are therefore very inconvenient where the patient takes the injection herself. A nurse can manage better to remove, empty, and replace the pan, or can empty it when full without removing it by employing the syringe for that purpose, but it is troublesome. The shape of the common bed-pan, which is such that it can be readily slid under the patient, is, however, an advantage in some cases of serious inflammation where it is desirable to avoid lifting or moving the patient more than is absolutely necessary. Some pans are made of this same shape, but with a tube attached, through which the water is drawn off into a proper receptacle placed upon the floor. This does very well if care is taken that the escape of water through the tube does not become stopped; but if this happens a drenched bed is apt to be the result. Ordinarily (especially where the patient manages the douche herself) it is most convenient to make use of a pan which is of sufficient size to hold all the water which is to be used, and which need not be emptied until the douche is ended. With such a pan and a rubber sheet the bed never need be wetted.

The patient should avoid becoming chilled at the time of taking the injection by being sufficiently covered, and should be careful about going out in the cold immediately afterward unless well wrapped up.

In ordinary cases these injections should be employed twice daily—in the evening on retiring and in the morning before getting up. In some cases of severe inflammation they may be used oftener with advantage. It is best to continue them long after the symptoms for which they are used have disappeared rather than omit them too soon

and it is well to discontinue them by using them at longer and longer intervals, until they are finally omitted, rather than to omit them at once. If the old symptoms return they should be resumed.

In certain cases the amount of comfort afforded is remarkable. I have seen some patients who were "used up" with uterine symptoms—dysmenorrhea, backache, inability to walk any distance or stand any length of time without suffering, pain through the hips, etc.—who, when the pelvic congestion was relieved in this way, felt so perfectly well that they required nothing further in the way of treatment.

In closing I can not do better than quote the following paragraph from an excellent article by Dr. E. C. Dudley, published in the Chicago Medical Gazette some months since: "In uterine therapeutics the value of the hot water vaginal douche is perhaps greater than that of all other topical applications combined. Its use is perhaps more nearly universal, yet so inefficiently is it ordinarily applied that in the large majority of cases it does little or no good."

Therapeutic Effects of Chlorate of Potassium.—Alexander Harkin, M.D., writes in Dublin Medical Journal, that after the continued use of the chlorate of potassium the patient experiences an increase of appetite—of nervo-muscular force; all the bodily functions are performed with greater ease, the color improves, and the flesh-producing power is manifestly augmented, as evidenced by increased weight, the character of the blood itself being altered by an addition to its fibrin and plastic qualities. When required for internal use, he generally orders it as a saturated solution, say one ounce of the salt to twenty of water, of which for adults one ounce three times daily either before or after food. Most useful by itself, yet its efficacy in arresting disease, in chlorotic or hemorrhagic diatheses, may be greatly enhanced by the addition of iron in one of its many forms, the most convenient being the tr. ferri perchlor. With the permanganate of potassium it forms a most excellent gargle and mixture in sore throats with diphtheritic exudation, and for the healing of ulcers. It also forms a good base for many pectoral mixtures. As to the tolerance of the drug, he knows not of any remedy so generally well borne. Like other salts of potassium (the acetate and nitrate) it occasionally acts, though in a less

degree, as a diuretic, but this condition is far removed from nephritis—a disease which Jacobi asserts to be frequently produced by its use. In all his experience he remembers but one case that at all approached this condition, who, while taking the chlorate, certainly suffered most painfully for a number of hours from strangury, but who recovered by the ordinary means of stupes, hot baths, etc.

Perhaps among its many valuable qualities none is more remarkable than the rapidity with which its application as a lotion heals up the injuries due to burns and scalds, so often by ordinary treatment both tedious and troublesome to cure. It is quite surprising how soon the healing process commences after the application of the lotion, and the raw surface is covered by the formation of new skin. This rapid improvement takes place not only when vesication is extensive and the cutis more or less destroyed, but also in the more severe cases, where not alone the cutis but the subcutaneous tissue is destroyed, and even when ulceration is present after the separation of the eschars—the condition which makes the treatment of burns and scalds so troublesome to hospital surgeons, and the wards allocated to their treatment so often foul and offensive.

After a few applications of the lotion a zone of new skin appears proceeding from the circumference, day by day speedily narrowing the denuded surface till at last the wound is healed.

An important item is to apply the lotion three or four times daily, to add the permanganate if any offensive discharge arises, and to maintain the strength of the patient by the administration internally of large doses of the salt.

Closely allied to the condition of a scald or burn is that of a sloughing ulcer, due to the application of a blister in enfeebled constitutions. This ailment is usually treated with the lotio nigra. The chlorate lotion will be found to be more rapidly successful in giving a healthy cast to the surface of the wound.

In the treatment of caries of the vertebra of the neck by the injection of a solution of the salt he has had on two occasions the greatest advantage, and in cases of strumous abscesses and

sinuses treated by injection the cure is generally very rapid—of course in every case the constitutional requirements being attended to by the internal administration of the salt.

The effect of chlorate of potassium upon ulcers—simple, irritable, indolent, and rodent—is very remarkable. He might point to several cases at present under his care for ulcers in the leg and on the head, the results of wounds; but would merely state that they heal just as he has described in the case of burns. The hard and elevated edges of old ulcers give way to flattened and healthy ones, and the excavated surface of the sore is altered by the oxygenating power of the lotion and replaced by healthy granulations.

The Chloroform Question.—In a recent discussion of this question by the Medico-Chirurgical Society of Edinburgh, in which a number of experienced physicians took part, the president, Dr. P. Heron Watson, spoke as follows:

As to the conditions which favored fatal results during the administration of chloroform, it was generally admitted that these were twofold—either respiratory obstruction or cardiac insufficiency. The relation of these conditions to each other had, as was well known, been a matter of dispute, some asserting that respiration was always first embarrassed, the heart's action being only secondarily affected, while others regarded the failure of the heart's action to be at all events sometimes the initial step in the dying process. These views had important practical issues. If the first were trusted to, then feeling the patient's pulse during the administration of the drug was not only unnecessary, but liable to distract the attention from the all-needful regard to the condition of the respiration, as to recognize that the pulse was gone, if preliminary respiratory arrest were the cause, was to note that the patient was in danger when life was probably extinct. Were death liable to occur from cardiac enfeeblement, then attention to the pulse was a matter of importance. Now in this case the pulse was noted to have continued good for some time after respiration had ceased and artificial efforts had been employed for some time. The conditions affecting respiration which he had chiefly observed in the use of chloroform originating danger were copious mucous secretion excited by the chloroform vapor, vomited matter from the stomach, sweetmeats, and false teeth, in addition to the gravitation

of the tongue. He had, however, seen in some cases an arrest of respiration at the conclusion of a full expiration, accompanied with spasm of the respiratory muscles; and in two cases where an epileptic attack occurred with a fatal result when the patients were inhaling chloroform, this spasm of the muscles of respiration at the conclusion of expiration was undoubtedly the occasion of death. In making traction on the tongue to relieve impeded respiration in a patient under chloroform, he thought the direction over the incisors of the lower jaw was a mistake, and that it should always be toward the upper incisors, as traction of the organ over the inferior incisors, by forcibly depressing the lower jaw, tended both to interfere with the larynx and possibly to compress the carotids, as indicated in the valuable paper of one of its members, Dr. John Smith. The fatal results which occasionally occurred while patients were more or less under the influence of chloroform led naturally to the question of the prognosis of these risks. His own feeling was that it was quite impossible to gauge these risks. Chloroform could undoubtedly be administered to many cases affected with most serious cardiac disease with the best results, and there were most serious cardiac conditions in which the use of chloroform, by diminishing the effect of shock, probably diminished instead of aggravating the risk. An instructive case occurred in the early history of the introduction of chloroform, which might have inflicted irreparable damage upon its early prestige had the drug been given. The late Professor Miller was to operate upon a case of hernia in the theater of the hospital. Sir James Simpson had promised to administer chloroform to the first case in Mr. Miller's hospital practice which might occur. Professor Simpson was sent for, but was out of town. The operation was proceeded with, and at the first incision through the skin the patient died on the table. What would have been said had this been the first case in which chloroform had been employed in the theater of the Edinburgh Infirmary? The choice of anesthetics does not materially alter the practical confidence in chloroform. That ether should be preferred in the states of America is perhaps not to be wondered at; that mixed vapors should please the imagination of others nearer home need occasion no astonishment. He had himself had ether administered to him when a boy, and no seasickness he had ever experienced compared with the prostration which for a week followed the use of the anesthetic. He had seen it given to others because less likely to make them sick, but he had not observed this result had been obtained. He had been gratified by the administration of ethidene to a patient of his in the infirmary some time since, through the kindness of the gentlemen in Glasgow

by whom the practical application of this anesthetic had been introduced. In that instance the patient was in a maniacal state all afternoon after emerging from its effects. Upon the whole he believed he might conclude from the general tone of this discussion that there was no diminished confidence in chloroform, no increased fear in its application, no feeling that professional chloroformists were more required than heretofore to render its employment safe; and last, not least, that no apparatus was more effective or more secure than a common towel or a pocket-handkerchief. It was fortunate that, at a large meeting and a very representative meeting of the society, as it had been this evening, there was no uncertain sound to go forth to the professional world as to the views of the present generation of Edinburgh practitioners upon the chloroform question.

Quinine and Nervous Sedatives.—Dr. Gray (Boston Medical Journal) writes that great relief was to be expected from the bromides in robust patients, but not to the same extent in the weak and anemic. He thought there was considerable danger in using them freely in certain instances, and had met with one case in which a fatal result was produced. He was a firm believer in their efficacy in epilepsy, as a general rule; but he felt that under some circumstances they should be used, if at all, only with extreme caution. For the past two years he had prescribed quinine in connection with the bromides, and he was more than satisfied with the results obtained by this combination. At first he had employed it with timidity and in very small doses, as he feared, from what he had been taught, that it might perhaps interfere with their action and only aggravate the trouble present; but afterward he had used it much more freely, and also with very beneficial effects. His practice now was to give first a sufficient quantity of the bromides to produce bromism, and then two or three grains of quinine three times a day in addition. He had met with a few cases in which quinine was not well tolerated, but as a rule such patients were able to stand the full sedation of the bromides; while in some instances he had deemed it advisable to stimulate the system with quinine before commencing the use of the bromides, on account of the weak condition of the patient. All his experience went to show that

quinine actually increased the effect of the bromides, hyoscyamin, and belladonna; and he had also found that all these agents were much better borne by the system, as well as more efficient in their action, when administered in combination with quinine than when the latter is omitted.

Heliotherapy.—Chronic affections of the joints of whatever nature—traumatic, rheumatic, or otherwise—are exceedingly difficult of treatment. Various remedies have therefore been recommended, from warm sand, inunctions of tartar emetic, and painting with iodine, to the use of cantharides; and more recently physicians have resorted to the use of the plaster-of-paris dressings and the much-praised shampooing. Stimulated by the good results obtained by Prof. Vanzetti in Padua from the influence of the rays of the sun upon obstinate affections of the joints, synovitis, and white-swelling, Dr. Giuseppe Marzari was led to adopt the same method of treatment in several cases. He had published a preliminary account of the cures which had been thus effected before he met with Vanzetti's large work upon the subject. The plan adopted is to expose the affected limb from May to August to the rays of the sun for a period of one to three weeks, according to the duration and intensity of the pain, and for a period of several hours daily. Under this treatment the limb becomes brown, the exudations cease, and the part becomes better nourished and capable of greater movement. (*Giorn. Ven. di Scienze Med.*)

Treatment of Inguinal Bubo.—Dr. J. Mullé gives the following rules as the result of a special study of bubo. In the case of simple non-virulent bubo the treatment will depend upon the stage at which the affection has arrived. (*a*) In the first stage absolute rest in bed, poultices, and rubbing with a mercury and belladonna ointment are to be employed. (*b*) In the second stage—that is, in that which is characterized by redness and adhesion of the skin—blisters may be used with caution, and they may be repeated if suppuration does not show itself. If, in

spite of the blistering, suppuration should occur, incisions may be made. (*c*) In the third stage—namely, that of suppuration—incisions should be made. If the abscess be small the incisions should also be small, compression by means of collodion should be exercised over the rest of the swelling, and the edges of the wound should be kept apart. In cases where there is extensive suppuration the incision should be large; cicatrization should be so managed as to prevent the formation of disfiguring and hurtful scars. The chancrous bubo should be treated by poulticing, incision when pus has formed, slight pressure, and, if necessary, injection with nitrate of silver. In doubtful cases treat as for chancrous bubo. (Glasgow Medical Journal.)

Chloral and Chloroform for Surgical Anesthesia.—M. Trélat (British Medical Journal) informed the Paris Société de Chirurgie that for two years past he has used chloral and chloroform in combination for this purpose. About fifty minutes before operation he administers two grams of chloral and forty grams syrup of morphia, in some cases even giving as much as six or eight grams of chloral. The patient passes into a state of profound indifference to the operation, and sometimes even into a condition of torpor, and thus much mental anguish before and after operation is saved.

To Mask the Odor of Iodoform.—Tannin, which was recommended by Moleschott as a means of hiding the unpleasant smell of iodoform, has not been wholly successful; ether, which conceals the odor, on account of its great volatility is only useful for a short time; while oil of peppermint has not answered to its expectations. Dr. Lindemann, of Munster, contributes to the *Allg. Med. Central Zeitung* an account of experiments which he has made with several preparations in regard to this subject. The conclusion at which he has arrived is that the balsam of Peru completely masks the smell of iodoform, and renders it imperceptible to the most delicately organized. He mixes two parts of the balsam with one part of iodoform, and recommends

vaselin as being the best medium for an unguent; it may also be employed in an aqueous solution. The following useful formulæ are subjoined:

℞ Iodoform., ... 1 gram;
Bals. peruv., ... 2 grams;
Vaselin, ... 8 grams.
M. f. ungt.

℞ Iodoform., ... 1 gram;
Bals. peruv., ... 3 grams;
Spir. vin. rectif. or glycerin, . . . 12 grams.

In regard to the preparation of these prescriptions, the author recommends that the iodoform should first be mixed with the balsam, and that the vehicle should afterward be added.

For the Cough of Tubercular Laryngitis.—Dr. William Pepper gives the following prescription:

℞ Tr. benzoici comp., ... fl. ʒ ij;
Glycerinæ, ... fl. ℥ ss;
Aquæ, ... fl. ℥ iv.
Sig. To be used as a gargle.

Anal Fissure.—Instead of forcible dilatation, Dr. Hamon applies to the fissure with a camel's-hair brush a solution consisting of one part of chloroform to two parts of alcohol. Two or three applications at intervals of two or three days usually suffice to effect a cure. The first application is very painful, but each subsequent one becomes less so.

Treatment of Muguet ("Thrush").—Dr. Vivier recommends the following: Distilled water, 25 grams; alcohol, 5 grams; corrosive sublimate, 60 centigrams. A camel's-hair brush moistened with this solution is to be swept over the surface once, twice, or thrice daily.

Notes and Queries.

THE PHYSICIAN AND LIFE INSURANCE.—The physician is looked upon as one of the intelligent and informed men of every community. His calling is a necessity. His influence is great, and should, as far as in him lies, be exerted for good. His example should be in keeping with the character of his lofty mission. He is under obligations to acquaint himself with every question of the day which concerns the life and health and happiness of mankind. And not one of all these questions is of more importance in certain aspects than that of life insurance. The physician can not shut his eyes to the almost universal interest which attaches to the subject—an interest which springs from the finest and best feelings of our nature—the desire to provide for the comfort and welfare of those we love. And while he shall not need, perhaps, to possess a minute acquaintance with the principles of insurance other than those which are medical—on which it is known the entire science itself rests—with these he surely should be familiar. Clearly he should know that there are mortality tables, and that these tell with almost absolute certainty what proportion of human beings of each age will die annually; that these tables constitute the foundation on which all of life insurance rests; and that because of this very fact there must be a certain cost—a net cost, if you will—without which the whole business, the whole thing would be but a random venture.

Certainly the man must be either ignorant or unprincipled who will pretend that a life can safely be insured for less than the net cost. The intelligent physician well knows that this cost, be it large or be it small, is governed in great degree by the manner in which the medical work is done. If improperly performed, the cost is exceeded; if properly done, the cost is

lessened. Hence it is not too much to say that the safety of life insurance depends in immense degree on the knowledge, the skill, the integrity of the medical men who perform the duties of examiners—men who question the candidates for insurance, advising this risk, rejecting that; refusing one application because of a faulty family history, and another because of some physical defect in the individual. The doctor can escape responsibility in no matters of moment to his fellows; he should not expect to do so in that of life insurance; and while he may not be asked for a professional opinion touching insurance on a life, he is, as we have remarked, none the less bound to acquaint himself with at least the professional aspects of the business. If he be too busy to do this he should at any rate learn to detect glaring impossibilities in life schemes. He should be made to know that there are experts in the science of life insurance whose teachings are entitled to the same respect in their sphere as are those of like rank in his own profession; in fact more, since their deductions are mostly those of mathematics, in which there is the least possible room for error. And having neither the time nor inclination to study the subject, he should at least be influenced by such teachings, and thus escape the pits dug for the ignorant and unsuspecting by men who, under the guise of cheapness, offer their specious follies as a substitute for the conclusions of a long and carefully-gathered experience.

To facilitate in some degree this study, and thereby enable the physician the more readily to distinguish between the true and the false, between the legitimate and the so-called cheap or coöperative schemes of life insurance, we present a few simple tests by which they may be tried. Before doing so we must be allowed the remark that what are so insinuatingly yclept by their founders as "cheap" schemes are each and all uniform, very uniform, but in one thing only—their unsoundness and claim to afford life insurance for actually less than the net annual premiums. To assert such a claim should alone be sufficient to condemn it. The bare promise which it includes should stamp

it as a cheat. But, not satisfied with this, the zeal of these Cheap Johns leads them even to declare that their seemingly small rates will actually be maintained during a life however protracted.

But to the tests. Get a table of what are called natural premiums. This may be had at the office of any trustworthy company. The premiums are determined by the age of the individual. This table, which is based on the American table of mortality, makes the premium for an insurance for $1,000 of a man aged 20 for a single year $7.80. If he do not apply till he be 25 the premium will have increased to $8.06, at 30 to $8.43, at 35 to $8.95, at 40 to $9.75, at 50 to $13.78, at 60 to $26.69, and at 96 years of age—assumed to be the limit of human life—it would be $1,000, or equal to the amount insured. Now these annual premiums are all net. All legitimate insurance charges an average or level premium, as it is called, not to increase, when the policy is taken out for life. The net annual premium for a single year at say age 35 is only $8.95 for $1,000 of insurance, while the net average annual premium for the whole of life is $17.88, to which must be added a margin to cover expenses and contingencies. Now "cheap" insurance so called professes to insure an entire life for less than it costs for a single year. Could folly exceed this?

Here is another test: Multiply the rate of insurance by the expectation of life at each age. The number of additional years which people live, on an average, after reaching any particular age, or what is called the "expectancy," is derived from the mortality tables. Take now any rate charged by reputable companies and multiply this rate at any given age by the expectancy at that age, and the result will be found to approximate the amount of the insurance. For instance, at age 50 the usual annual rate for $1,000 on the life plan is $47.18; the expectancy is 21 years; multiply these together, and the result will be $990.78; but some portion of each premium has been invested and will earn enough interest to make up the deficit and expenses, and perhaps return a surplus in dividends. Apply this calculation to the rate charged by so-called cheap insurance.

Let it be, if you please, the full net cost of $13.78 for a single year for legitimate insurance at age 50; multiply this by 21 (the expectancy), and it yields only $289.38 to pay $1,000. But co-operative insurance sets up to do more than this. It proposes to reduce the cost *for life* to a still smaller sum; and while expenses are otherwise provided for—and in fact the only thing made positively sure with the coöperatives, but carefully left out of their estimates—no interest is to be earned in their systems of assessments after death to provide for this deficit. Is n't it self-evident that no more can be paid out than is paid in, and that the whole insurance and expense must come either directly from the insured or from interest earned by their money? Indeed is it not plain from the foregoing that without the interest derived from premiums paid in advance that even the rates charged by reputable companies would be insufficient?

One other test, and we are done: Divide the proposed rate of premium or cost into the amount of insurance. This will unerringly show for how many years, on an average, the rate must be paid to equal the amount to be realized. Let the estimated cost be say $10 a year per $1,000; the product of the division is 100; but since the average of life to men of even 20 is but 40 years, it is evident that men do not live long enough to pay in what it is proposed shall be paid out when death makes the claim due.

These tests, it should be remarked, have no pretension to scientific accuracy, nor do they represent the actual methods by which premiums are computed. Yet coarse as they are, they are sufficiently delicate to expose the worthlessness of schemes which have been very properly denounced by all legitimate life insurance as frauds and "monstrous swindles." They are also of such easy application as to be within reach of all men.

The lack of space prevents our going into further detail at present. We will resume the subject at an early day.

Central College of Physicians and Surgeons.—The advertisement of this institution will be found on another page. The

collegiate year embraces a spring term, a preliminary fall term, and a regular winter session. This school was organized with a three years' graded course, which the faculty advise all students to avail themselves of. It is, however, for the present optional. A portion of the class are pursuing the three years' graded course.

In Memory of Freeman J. Bumstead, M.D., LL.D.—Dr. George A. Peters read in May last, before the New York Academy of Medicine, the following sketch of the late Dr. Bumstead. As the testimony of an appreciative and lifelong friend touching the work and worth of one of the gentlest, kindest, strongest, and best of American physicians, it will be enjoyed by all who appreciate great deeds and value a life which was truly lofty from its beginning to its close:

Freeman J. Bumstead, M.D., the subject of this brief memoir, was born in the city of Boston on the 21st day of April, 1826. His father, Josiah Freeman Bumstead, was a prominent merchant, and descended from the old Massachusetts family of that name, the founder of which emigrated from England and settled in Boston about the year 1650. Dr. Bumstead's father was a man of culture, with broad and liberal views, which induced him to give his son Freeman an education which should enable him to take a high stand among his fellows. The mother of Dr. Bumstead was Lucy Douglas Willis, the sister of the well-known and popular poet Nathaniel P. Willis. She was also the sister of "Fanny Fern," whose stories and sketches have delighted so many of our generation.

Dr. Bumstead received his primary education in the Chauncey Hall School and the English High and Latin schools in his native city. Here he fitted for Williams College, where he was matriculated in 1843, and from which he graduated in 1847, standing high in a class from which several have distinguished themselves in law and divinity.

After leaving college, with that sturdy independence which is the characteristic of so many of New England's sons he determined to strike out for himself and owe as little as possible of subsequent success in life to the aid of parent or friends. He engaged in teaching school in Roxbury, Mass., devoting his leisure time to the study of medicine, attending lectures and dissections at the Tremont Medical

School. Indeed while an undergraduate at Williams he had endeavored with his scalpel to unravel some of the secrets of animal anatomy.

In 1849 he entered the Medical Department of Harvard University. In 1850 he made a voyage to Liverpool as surgeon to a sailing vessel, and during the several months he remained abroad devoted his time to the study of disease in the hospitals of London and Paris. Returning to America in the autumn, he was appointed House Surgeon to the Massachusetts General Hospital, and graduated in medicine from Harvard University in 1851. Desiring to avail himself of every advantage and to make himself as complete a man as possible, he made a second voyage to Europe and passed a year in travel and in visiting the medical schools and hospitals.

On his return in 1852 he settled in New York as offering the widest field for future growth, and commenced the general practice of medicine, making a specialty, however, of diseases of the eye and ear. The following year he was appointed Surgeon to the Northern Dispensary, which position he resigned in 1855. In 1857 he was appointed on the staff of surgeons to the New York Eye and Ear Infirmary, which connection he maintained for about five years. Dr. Bumstead was for a number of years attached to St. Luke's Hospital as one of the staff of attending surgeons, and was also connected with the venereal department of the institutions on Blackwell's Island.

Within a few years of the commencement of his practice he abandoned the eye and ear as a specialty and devoted himself to the large field of the diseases of the genito-urinary organs and venereal diseases. This he pursued with such zeal and diligence that he soon became a recognized authority in these branches. From 1868 to 1871 he was Professor of Venereal Diseases in the College of Physicians and Surgeons, at which latter date ill health, the result of continued and exhausting work, compelled him to resign. He then went abroad with his family and spent two years in travel and study, visiting the principal schools and hospitals in Great Britain and Continental Europe, where he left a memory which will be long cherished by all with whom he was brought into contact.

In his special field Dr. Bumstead attained a world-wide reputation. His contributions to medical literature scattered through the various medical journals in the years past, his translations into English of the Hunter-Ricord Treatise on Venereal Disease, and notably his exhaustive treatise on "The Pathology and Treatment of Venereal Diseases, including the results of recent investigations upon the subject," the editing of the fourth edition of which work was his last earthly labor, have placed him in the forefront of teachers and writers. It has been

accepted as the best treatise extant on that subject by all English-speaking peoples, and a translation has appeared in Italian.

In 1869 Dr. Bumstead translated and edited the valuable "Atlas of Venereal Diseases," by A. Cullerier, of the Hôpital du Midi. The American edition, an imperial quarto of between three and four hundred pages, magnificently illustrated, was received with great favor by the profession, and is another proof of the energy of the man.

In 1858 the Trustees of Williams College, recognizing the great merit of the literary work done by Dr. Bumstead, conferred upon him the honorary degree of LL.D.

I could go into the matter of his literary labors more in detail. This is but a brief record of the work done by our departed friend. It would seem more appropriate to this occasion should I say a few words about Dr. Bumstead as a man—about those traits of character which drew us to him and held us there in willing bondage.

In early life he manifested a love of nature which, as he advanced in years, developed into a passion. During his college course his leisure hours were devoted to rambling over the hills of Old Berkshire, his gun and botanical box his sole companions. The note of every wild bird was as familiar to his ear as the voices of his classmates, and the ferns and wild flowers that sprang up about his path had a charm for him known only to those who love nature and walk in her ways. While in college he shot a specimen of every bird known in that region, and his skill in taxidermy enabled him to dress and mount them with such excellence as to render them worthy of a place in the collection of the Natural History Society of Boston, to which institution he presented them. In addition to the above, his own private cases contained specimens of every wild bird of Massachusetts, most of which were killed and prepared by his own hands.

His love of ornithology was, however, but one phase of his communion with nature. If the study of birds was his delight, botany was his chief joy. His collection of plants and flowers, made with great diligence and care, and mounted with that neatness for which he was distinguished, is a labor which alone would be deemed by many work sufficient to entitle him to distinction. This collection is now the property of Williams College, to which institution he presented it. Many summers ago I spent a few weeks with him among the Green Mountains in Vermont, and rambled day after day through the fields and ravines about Old Mansfield. He was "a boy again," and knew no fatigue in his search for rare ferns which abound in that region and which he needed to make his collection complete. Well do I remember the glad smile which lighted up his face when he came upon the

specimen he was in search of. His knowledge of the subject surprised me; and although I was no adept, before we separated he had succeeded in imparting to me much of his own enthusiasm. While strolling together he opened the treasure-house of his mind and revealed hidden depths of poetry and romance, of the existence of which beneath that calm exterior I had never dreamed.

My acquaintance with Dr. Bumstead dates back to the time when he came to this city and settled down to practice medicine among us. During the years since then we have been intimate friends, and I have known him well. Much has been said of the struggles of his early professional life, from which one might infer that grinding poverty was his portion. This was not so. During his academic career his father assisted him in all necessary ways; but, as in the case of many New England fathers, he determined to teach his son self-reliance, so that when the battle of life fairly commenced he should be completely armed for the conflict. Thus he held his son to a strict account for all moneys advanced, and often have I heard my friend declare with just and manly pride that he had repaid all and owed no man aught. In his early life in this city his uncle N. P. Willis was in the zenith of his fame as author and editor, and his uncle Richard occupied a high position as a man of culture and refinement. Freeman was always a welcome guest in both their households. His manly character and winning ways soon made him hosts of friends and opened wide many doors. Society, however, had but few attractions for him. He had set his face like a flint toward the goal—success in his profession—and knew that by diligence alone could he win in the race.

His devotion to the work he had chosen was untiring. Night and day he labored, taking no time for recreation. As success came to him and his work became remunerative, he married in the year 1861 Miss Mary Josephine White, daughter of Ferdinand E. White, of Boston, who throughout the remainder of his life was his constant and loved companion—a helpmeet indeed—and who, after nearly twenty years of happy wedded life, with a breaking heart closed his dying eyes and listened to his last words of love on November 27, 1879.

Dr. Bumstead had a simple, loving nature. As a boy he was kind and affectionate, the idol of his own family, and much loved by his schoolmates and intimate friends. As he grew up he amply repaid the care and solicitude of his parents, and became a comfort and support to them in their declining years. Throughout all his busy professional life nothing but sickness ever prevented him from writing his weekly letter to his mother. His father died several years ago. His mother survives him, and tears fill her eyes as she refers to his goodness and

tenderness. His brothers and sister mourn his loss, and will long miss his sympathy and wise counsel. As for the widow and fatherless children, who shall comfort them?

From boyhood our friend was eager in his search for knowledge, and had a keen and ready intellect, which enabled him to grasp easily the subject he was pursuing; and he had so trained and cultivated his memory that a fact once engraved upon the tablet of his brain was never erased. He was very exact in his knowledge; his recollections were never vague, but always clear and well-defined. This quality of mind enabled him to present any subject which he was discussing, either with pen or tongue, in a way which impressed those who read or listened to his argument. He was diligent and thorough in all his work. Whatever he did he did as well as he could, and he allowed no fatigue or pain to interfere with his task. While editing the various editions of his public works it was his habit after a laborious day's professional work to toil over his manuscripts and proofs night after night, the rising sun only admonishing him to snatch an hour or two of sleep. Some years ago this habit of work so broke him up that he was forced to drop his pen, put out his candle, and seek rest abroad for two years. Even there, however, he disobeyed the injunctions of his medical advisers and busied himself at the expense of his health in enlarging the boundaries of his professional acquirements.

While in Paris his younger son, who bore his name, was taken from him by disease. This was his greatest sorrow, and when he buried his little boy in "Mount Auburn" he seemed to those who knew him best to have left his heart in that little grave.

Dr. Bumstead was true and loyal to his profession. He had no patience with wrong-doers; was manly and outspoken; and whenever a question arose his voice was always heard on the side of justice, truth, and honor. He could never sit idly by and see wrong done, no matter how exalted the position of those who perpetrated it. He believed in young men, and was always ready to sustain and assist them. As a friend he was constant and true, ever ready with counsel and succor — as true behind your back as before your face. If an enemy, he was fair and open.

In his family he was fond and affectionate, striving in every way to lighten his wife's burdens and to make his children happy. It was his delight in summer to retire for a time into the country, and there amid old familiar scenes lead his children over the paths which he had trod.

As he advanced in years he seemed to mellow and ripen, to become more and more considerate and kindly. This was particularly ob-

served by his more intimate friends, to whom he seemed as one setting his house in order ere he departed on the last, long journey.

During the last year of his life his constitution, which was naturally a strong one, was evidently yielding to the constant strain of work in getting out the last edition of his book. Such, however, was his habit of diligence and his desire to have it as perfect as he could make it that against the advice of friends he struggled on with his infirmities until the last proof was read and the book left the press. He then yielded and rapidly faded away.

The few last weeks of his life were weeks of intense suffering. It was a melancholy sight to watch him reclining wearily on his couch patiently awaiting his end. Death seemed to have no terror for him, but rather to be desired as a relief from pain and anguish.

In the spring of 1826 with the opening buds a child was born. He grew to man's estate, and walked in and out among us. The promise of his youth ripened into rich fruit; he won friends, fame, and fortune. In the autumn of 1879, with the falling leaf, ripe but not decayed, we buried him. When the grave closed over all that was mortal of Freeman J. Bumstead we felt that we had buried from our sight a true man, a firm friend, a loving husband, and a kind father.

Happy is the man who uses well the talent which the Master has given him. Sweet is the perfume of his memory when he leaves us, through the gates of death, to hear that Master's voice saying, "Well done."

"Credé's" Method Practised among the Kiowa Indians.—Dr. L. L. McCabe, surgeon to an Indian agency, relates the following interesting fact in aboriginal obstetrics:

An Indian woman of the Kiowa tribe had been in labor for three days, and it being apparent to the friends and midwife squaw that successful natural delivery was impossible, and that under the native treatment by incantations, beating of tom-toms, etc., the woman's strength was becoming rapidly exhausted, assistance of the post medical officer was desired. It was only after several visits to the wigwam that the doctor was finally allowed to make a very hasty and imperfect digital touch. The head was arrested in the cavity. After still further delay he was permitted to apply the forceps, which to the intense amazement of the lookers-on, drew forth a living infant. As soon as this was effected the physician was rudely pushed aside, and the Indian midwife took charge of her case, compelling the woman to rise to her feet. She was sustained in a bent posture, grasping with both hands

the center-pole of the tent; then the squaw proceeded to carry out methodically Credé's method of expressing the placenta by compressing the uterus through the abdominal walls, with both hands pressing in the direction of the pelvic cavity, until the placenta appeared at the vulva, when it was seized with one hand and withdrawn. The patient was then allowed to resume recumbency, and a highly-ornamented buckskin bandage was adapted to pelvis and abdomen. This was drawn snugly by buckles and straps. The patient made a good recovery, and the white man's "iron hooks" are established in reputation among the band.

If the Indian mother gives birth to twins, only one is allowed to live. In case of the birth being male and female, the latter is delivered to an old squaw, and nothing further is heard of the luckless papoose. In case of both children being of the same sex, the feeblest is put out of the way.

What is Syrup of Dover's Powder?—Mr. John Hurty, a chemist of Indianapolis, asks the above pertinent question, and says:

An important question, when it is known that there are to be found in the drug-stores of Indianapolis four different strengths of this powerful remedy. A firm in Buffalo first introduced it, and as there are to be found on the label two different statements as to its strength the preparation is hardly worthy of confidence. Some druggists were found who made their own. One of them stated he made his so that each dram represented five grains of Dover's powder; another said he made his so that one dram represented ten grains; while still another, having read Dr. Squibbs's recommendation that a tincture be made that should represent Dover's powder minimum for grain, concluded that that surely was too strong, and so made his syrup one half that strength, namely, thirty grains Dover's powder to each dram. These three different strengths, together with the one representing in each dram sixty grains of Dover's powder, make four in all, any one of which is likely to be dispensed, unless the physician knows where his prescription is going, or else states on the prescription which strength he prefers. Polypharmacy is certainly objectionable.

Even the Lunatics wont Eat it.—At a recent meeting of the Paris Academy of Medicine M. Riche reported the following objections to the use of margarine butter: 1. It results from the

trials made at the asylum during three years that the employes and many of the patients can not tolerate the substitution in the preparation of the principal articles of their food; 2. Some very sensitive and delicate patients are placed by it in highly unfavorable conditions as regards their alimentation, and consequently as to the maintenance of their health; 3. Margarine butter as manufactured is open to various frauds; vegetable oils especially are introduced; 4. Fatty bodies are only absorbed when in a state of emulsion. Margarine forms an emulsion less easily than butter; the emulsion is also less stable.

Centralization.—A bill has been favorably reported upon by the judiciary committee of the New York State legislature which reads thus: "Sec. 1. It shall be and is lawful for the physicians and surgeons of any medical school duly recognized under the laws of this state to meet in consultation in cases of sickness with physicians of any different system of practice now recognized by the laws of this state. Sec. 2. No county, state, or local medical society shall in any manner discipline or punish any member of such county, state, or local medical society for any aid, assistance, or counsel he shall render to any physician of a different school of practice."

A Vehicle to Disguise the Taste of Quinine.—Dr. Geo. W. Griffiths, of this city, writes us that he has found the following formula to be almost free from disagreeable taste:

℞ Sulphate of quinine, ... ʒss;
Dil. sulphuric acid, ... q. s.;
Shaker's aromatic elixir malt, . . . ℥viij. M.
Dose a tablespoonful.

Dr. G. has used the foregoing in sixty-three cases with the result stated.

The Ephelides of Pregnancy. — Newmann recommends (*Union Medicale*) for these an ointment of chrysophanic acid, one part, to lard, forty parts, well mixed. Gently annoint the part, previously washed with soap and water; then apply a piece

of linen, to prevent staining. Repeat the application three or four times at two days' interval, being careful not to touch the eyelids and not to apply too strong an ointment in persons of delicate skin. The parts to which it is applied become red, then black; the skin desquamates and the stain disappears. The same remedy may be used for pigmentary stains occurring independently of pregnancy.

Cincho-alkaloids in Remitting and Continued Fevers.—Dr. Edmund McAllister, of Port Gibson, Miss., writes us on the above subject as follows:

Authors on materia medica have doubtless assigned quinia its proper classification—namely, tonic. The effects of quinia are, increase of pulse, temperature, and nervous excitability. These also constitute some of the leading symptoms of fever. Where then is the philosophy of administering quinia for the cure of fever? 'Tis said quinia reduces pulse and temperature. This can not be, except as the result of exhaustion consequent on all excessive action. What are the facts as to this old and I had thought exploded method of treating fever? I fear that a critical analysis of cases treated in this way would show that too many patients grow worse after the administration of each dose of quinia until the occurrence of death or a state of exhaustion unfavorable to recovery, remaining in a low grade of nervous typhoid fever. In cases of great prostration, with quick, wiry pulse, the tonic effect of quinia in giving support to the heart and arteries would make the pulse fuller and slower; but to make this a criterion for treating fevers would certainly be delusive.

Advices from Europe and Smyrna make it appear probable that before the end of the year the price of opium will be very high. A combination of wealthy speculators has been formed to purchase and hold the crop, and it is not unlikely that East Indian opium may come into our market.

The bill to regulate the practice of medicine in Maryland failed to pass at the recent session of the Maryland legislature. The same fate met the bill for the protection of patients in confidential communication with their medical attendants.

English and Russian Health.—London at the present day may claim the distinction of being the most healthy city of importance in the world The death-rate in the capital of the British empire is only eighteen per thousand of its population of four millions. The other extreme is St. Petersburg, with a mortality of fifty-nine per thousand.

Where the Gold goes.—Dr. Farrar, of Brooklyn, writes in the Dental Laboratory that not less than half a ton of pure gold, worth half a million of dollars, is annually packed into people's teeth in the United States, and that at this rate all the gold in circulation will be buried in the earth in three hundred years. [Now Dr. Farrar may be sound on the metals, but he is loose in his arithmetic.]

Hay Fever.—Dr. Blackley, London, says he knows of no specific treatment for the disease, though many drugs are capable of mitigating the symptoms. It appears that carbolic acid is the most effectual.

Of the Metric System, which has been formally adopted by the American Medical Association, the North Carolina Medical Journal very pertinently remarks:

> We need reforms of far greater importance than changing weights and measures, and it is not worth while to be so far in advance of public action as to expect no following at all, especially as the movement does not involve any matters of vital interest.

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The American Practitioner.

SEPTEMBER, 1880.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—Ruskin.

Original Communications.

THE DANGERS INCIDENT TO THE SIMPLEST UTERINE MANIPULATIONS AND OPERATIONS.*

BY GEORGE T. ENGELMANN, M.D.,

Fellow of the American Gynecological Society, Fellow of the London Obstetrical Society, Corresponding Member of the Philadelphia Obstetrical Society, Master in Obstetrics of the University of Vienna, Consulting Surgeon to the St. Louis Female Hospital, to the St. Anne's Lying-in Asylum, etc.

It will probably appear strange to you that I should speak of the danger connected with manipulations of the uterus, and that I should relate to you my own sad experience and the unfortunate accidents which have befallen the ablest of my colleagues; that I should tell you of the risk attending even the slightest interference with the womb of woman; while you hear almost daily of dangerous operations successfully performed upon that much-treated and mal-treated organ. Every medical journal which falls into your hands contains such accounts—each new operation outstripping its predecessor in boldness, each more

*Read before the Missouri State Medical Society, 1880, and to appear in its Transactions.

desperate than the other—until we fairly wonder at the recklessness of the operators and the patience of women, and are forced to the conclusion that we may do with the uterus what we will, and the insult will be kindly received.

There is, however, another and a darker side to this very attractive and enticing picture, and it is this which I propose to analyze for you, believing that a detailed report of a few of the unfortunate cases, though it may fail to excite your admiration, will be of greater practical advantage than the reports of successful cases to which you are constantly treated, especially to those who have been fortunate enough to escape any such mishap as yet.

I received my first warning—and fortunately a mild one—shortly after I entered upon the practice of medicine in my native city in 1873. My attention was moreover attracted to the subject as a case was then pending in the courts which was a most instructive one—death in consequence of bilateral incision of the cervix—the operation having been performed in the office of the physician and the patient sent home in a carriage. Cellulitis, peritonitis, and death followed in rapid succession.

The warning I then received taught me caution in uterine manipulations, and told me that rest and quiet must follow, as a necessary sequence, upon even slight interference with that organ. From this time on, I am happy to say, I have met with no untoward accident of any kind until the past winter, when three unfortunate cases followed in rapid succession—two deaths and a serious pelvic peritonitis—in consequence of but very trifling interference with the womb. They have caused me great annoyance and pain, as you may well imagine, and have been the subject of much earnest thought and study. In one case serious results originated in a slight carelessness on the part of the patient; in another from a disregard of the apparently unnecessarily strict injunctions given; but for the third I can not well account.

I will now relate these cases in connection with other similar ones which occurred in the hands of our most careful and rep-

utable physicians, and will refer briefly to their more striking features, as these points are usually ignored in text-books and monographs alike, the intra-uterine injections being apparently the only interference which is worthy of being mentioned as at all dangerous.

THE DANGERS ACCOMPANYING THE SIMPLEST MANIPULATIONS ABOUT THE UTERUS.

Great care is necessary in all uterine manipulations. Upon this point I would lay some stress on account of the constant resort to the sound and the applicator, even the sponge tent and the intra-uterine syringe, by all physicians regardless of their experience in uterine therapeutics. This is equally true in the centers of medical learning in the East as it is in the interior of our western states where a consulting physician can not be reached. Dr. Clifton E. Wing, in an address delivered to the physicians of Boston and vicinity, before the Suffolk District Medical Society, on Modern Abuses of Gynecology, April 10, 1880, says, "It is surprising to see the number of physicians in good standing in the community who are wanting in proper knowledge of the diseases of women, and do not hesitate to confess their ignorance when in conversation with professional brethren, who nevertheless treat patients for uterine ailments, and give them the impression all the while that they are good authority upon such matters. . . . Some who, at one time and another, have many women in the families in which they practice under local treatment are not competent, even after they have made their examinations, to tell what trouble is present." What untold harm is done by unskilled manipulators, we may divine when Dr. T. G. Thomas, the judicious and expert operator, says that he has seen cellulitis and peritonitis in several cases follow the use of pessaries in his own hands; and how dangerous an instrument is the sound, the applicator, or the intra-uterine syringe in the hands of careless men, not to speak of the knife; and yet they constantly make use of them.

I of course presume that the most ordinary caution is ob-

served; that instruments are skillfully handled, and only introduced into the cavity of the uterus after we have excluded all such conditions in which the organ is peculiarly sensitive.

1. The physiological conditions of menstruation, pregnancy, and involution.

2. Pathological conditions, uterine or circum-uterine inflammation, whether recent or not, indurations, adhesions, etc., all of which contra-indicate certain manipulations.

I had thus briefly referred to the dangers arising from the existence of a cellulitis, as I deemed the subject sufficiently well understood, and did not properly consider how rarely this most important complication is detected when limited in extent, and when detected how rarely the warning its presence should convey is understood. I will accordingly add a few words at the suggestion of my valued friend Dr. T. A. Emmet, who has so thoroughly and so forcibly treated this subject in his recent work (p. 259, 2d ed.); and I can do no better than quote his own words: "I hope that you will point out the great danger which lies in the existence of cellulitis, which will be found to a greater or less degree in almost every case coming under the charge of the surgeon, and that sometimes, even with the most careful preparatory treatment, serious consequences follow *any* surgical interference. This inflammation exists far more frequently than the profession have any idea of, and in a form readily overlooked. *So obscure is its existence sometimes that I have for years regarded the operations about the female pelvis, as a class, the most dangerous in surgery.*"

However patient the uterus is, and however kindly it bears the varied and serious insults to which it is subjected, there are times, especially during the periods of its physiological activity, when it resents all encroachments most violently. This, however, is well known, and may be excluded from our consideration. I plead for the greatest caution at *all* times, as serious accidents may result from the use of the ordinarily most harmless instruments, which are unaccountable even in the hands of the most skilled.

The Uterine Sound.—I remember well how, in the winter of 1871–72, Prof. Braun, of Vienna, was demonstrating to his students the passage of the uterine sound into the fallopian tube in a case of extra-uterine pregnancy, peritonitis and death following the perforation of the uterus by the sound, as proved by the post-mortem examination. While the experienced professor supposed his sound in the fallopian tube, it had pierced the uterine wall. The same error occurred several times in one and the same case in the Berlin clinic in 1871 or 1872. It was supposed, from the depth to which the sound entered, that the uterus was unusually large. The post-mortem examination, upon death of the patient from marasmus, showed that in each instance the fatty-degenerated organ had been pierced by the sound, as evidenced by the localized inflammation which resulted, pointing out the course of the sound in each instance through the friable wall of the normal-sized uterus. Dr. Emmet informs me that he has had an attack of general cellulitis follow the most careful introduction of a probe into the uterine canal, and Dr. A. J. C. Skene tells me that he has once seen peritonitis follow its use. Dr. Gregory, of our city, has not unfrequently seen pelvic inflammation following the introduction of the sound or the use of simple applications in the outdoor department of the hospital, as patients are often obliged to walk long distances to their homes after such treatment. Dr. Chadwick, of Boston, says, "I have had many attacks of inflammation from the use of the sound, sponge tents, etc., but these cases have been mainly in dispensary practice."

I myself have so far been so fortunate as to escape these accidents, which I consider in a great measure due to the fact that I always prefer to treat patients at their homes, and keep them on their backs for a time after each treatment; that I always resort to bimanual examination before introducing the sound, and enter upon treatment with the milder applications in order to satisfy myself as to the susceptibility of the patient. The same precautions were undoubtedly observed in the cases above related, and yet those unaccountable accidents occurred. The sound is a

most useful instrument, which we can not dispense with; yet the more harmless bimanual palpation relieves us of the necessity of at once resorting to its use in every case, and should always precede the sound, in order that this may be judiciously applied or that we may determine the existence of such physiological or pathological conditions as would preclude its use. In a first examination the utmost care must be exercised.

Case I. Peritonitis following reposition of a retroverted but movable uterus, non-adherent.—This patient was a married lady who came under the care of Dr. P. G. Robinson for severe neuralgic attacks, and who was suffering from retroversion and specific ulceration of the os. The symptoms readily yielded, and the erosion kindly healed under the use of protiodide of mercury in combination with iodide of potash. During this treatment Dr. Robinson had frequently replaced the uterus by means of the sound, as it was easily done, and held it in place by cotton tampons in the posterior cul-de-sac. After a month of such treatment the uterus retained its normal position, and the patient left, remaining away three or four months, her health improving during that time.

Two days after her return she again sent for Dr. Robinson, complaining of great pain in back and thighs, which had come on suddenly after exerting herself in unpacking and the lifting of heavy trunks. Upon examination the uterus was found retroverted, but no traces of the former inflammatory condition or the erosion remained. Dr. Robinson, as usual, replaced the uterus, after introduction of the sound, without the slightest difficulty, and advised her to lie down quietly until he should see her upon the following day. This was at 11 A.M. At 4 P.M. he was hastily summoned, and found his patient in a state of great nervous prostration, with high fever, temperature 103° to 104°, headache, nausea, and vomiting. A severe chill, lasting from 2 P.M. until 2½ P.M. had preceded the fever. Physical examination revealed considerable abdominal distension and tenderness, with some slight tenderness about the cervix. These symptoms subsided within forty-eight hours under a treatment of opium

with large doses of quinine, and steady improvement followed. The sound as a repositor has never been a very safe instrument.

Applications to the Cervix and the Uterine Canal. Case II. Pelvic pain and inflammatory symptoms following an application of iodine to the uterine cavity.—The patient, suffering from retroversion and chronic endometritis, had been for some three weeks under the care of Dr. Robinson. The uterus was movable, easily restored, and kept in position by a tampon of cotton soaked in glycerin, and every six days an application of the compound tincture of iodine was made to the wound. Two or three hours after one of these applications the patient was seized with violent pelvic pains in region of the ovaries and the uterus. They were intense, but not accompanied by any decided evidences of inflammation, although there was some elevation of temperature, tenderness on pressure, nausea, and vomiting. Within thirty-six hours the symptoms subsided upon the use of quinine, opium, and hot applications to the abdomen.

Dr. Paul F. Mundé, of New York, tells me that he has in two instances only, out of several thousand applications of iodine which he has made, seen cellulitis arise.

These are unfortunate results following the application of tincture of iodine to the cavity of the uterus. More surprising and more inexplicable still is the following case which occurred in the practice of Dr. Allen, and which serves well to caution us even in trifling applications and in patients who have again and again undergone the same manipulation.

Case III. Peritonitis and death in consequence of an application of tincture of iodine to the cervix.—Dr. J. M. Allen, of Liberty, Mo., gives the details of this instructive case as follows: "Mrs. C., aged twenty-three, of sound constitution, was delivered of her first child in March, 1856. She made a good recovery, and enjoyed fair health until the following December, when symptoms of uterine disease began to appear. Examination revealed a slight ulceration about the os and a retroversion, seemingly the result of a chronic metritis. Local treatment was at once inaugurated and continued for a period of nine months. During

this time various remedies were used, such as vaginal injections with sulphate of zinc, acetate of lead, and tannin. Applications to the ulcerated portion of the cervix were made with nitrate of silver and dilute acid nitrate of mercury. The latter had a good effect, but was discontinued, and the tincture of iodine substituted. The patient was rapidly improving, both locally and constitutionally, when, after one of these applications of iodine to the cervix, which were made every two weeks, without entering the cervical canal, the patient was attacked with peritonitis and soon died, without a known cause to account for the fatal issue."

Intra-uterine Injections. Case IV. Death from intra-uterine injection of iodine made for the purpose of checking hemorrhage.— In the fall of 1866 Dr. E. H. Gregory was consulted by a lady some forty years of age who suffered from frequent and profuse hemorrhages. Examination revealed an intramural uterine fibroid, and he accordingly determined to dilate in order to satisfy himself whether or no it could be removed.

Sponge tents were used, and when the os was fully dilated Dr. C. H. Pope was called in, and agreed with Dr. Gregory that the tumor was beyond the reach of surgical interference.

Intra-uterine injections had at that time been suggested and were frequently spoken of. Dr. Gregory decided to give his patient the benefit of this innovation, telling her of the attending dangers. When he called on the 8th of December, 1866, he found the weak, debilitated woman at the sewing-machine—an effort she could but rarely make. He took her into an adjoining room, placed her in dorsal decubitus, and through the speculum injected some two ounces of an iodine solution (tinct. iodini 1; aq. 6) into the dilated cavity of the enlarged womb, using no force, the fluid returning easily. A moment later the patient, with pale and anxious face, raised herself into a sitting posture, and when advised to lie down she fell back, gasped a few times, and expired hardly five minutes after the injection had been made.

The coroner, Dr. Spiegelhalter, made the post-mortem exam-

ination in the presence of Drs. Gregory, Hodgen, Pope, and Maughs. No fluid was found in the peritoneal cavity, and the cavity of the uterus itself was stained so little that some doubted the fact that the fluid had even penetrated so far. Death evidently resulted from shock. The intramural fibroid was beyond reach.

Case V. Metro-peritonitis and death following an intra-uterine injection of a warm and dilute solution of tinct. ferri chloridi.—Dr. Theophilus Parvin, of Indianapolis, relates a very similar case. His patient was a married lady some thirty-five years of age, sterile, who was suffering from hemorrhage due to uterine fibroids which she was known to have had for twenty years. At the time Dr. Parvin was consulted the hemorrhage was violent and uncontrollable, persisting even after free dilatation of the cavity and tamponing of the os uteri. Other means having failed, he injected very freely into the uterus a warm solution of muriate tincture of iron, one part to seven of water. Patient at once fell into a collapse which for half an hour was death-like. She rallied to die within less than a week of the metro-peritonitis which followed. Dr. Skene, of Brooklyn, writes me that he has in eleven cases seen violent uterine colic and shock follow the careful injection into the uterine cavity of tincture of iodine, water, mild solutions of nitrate of silver, and in one instance a metritis, from which the patient was years in recovering, after an injection of less than half a dram—thirty drops of equal parts of tincture of iodine and opium.

These cases are but a few of the many, and notwithstanding all that may be said to the contrary, the injection of fluid into the uterine cavity is a dangerous proceeding; and neither the double canula or the syringe with gutter, or any of the other ingenious instruments which have been devised to facilitate the exit of the injected fluid are sufficiently reliable in their action to make this method a safe one.

I entered upon my practice armed with all the various intra-uterine syringes, but their pistons have long since dried—although I have myself had no mishap as yet—and in former

years I not unfrequently resorted to intra-uterine injections, especially with Braun's syringe.

A dilated os is a *sine qua non;* yet even with it such notices as the following are not unusual: "Sudden death during the injection of perchloride of iron into the uterus; post-partum hemorrhage; uterus not contracted; injection of a solution of liquor ferri in water, one sixth, with a Higginson syringe. After one or two syringes full slight discomfort. Regardless of this a few more were injected. The patient cried out, grew ghastly pale, gasped for breath, became pulseless, and died." (Obstetrical Journal of Great Britain and Ireland, January, 1880, page 633.) Fischer, of Magdeburg, in an inaugural thesis which appeared in Halle a. S. in 1879, has compiled fifty-four published cases of alarming as well as fatal results following intra-uterine injections, and analyzes them carefully, though not with the best judgment.

It is the injection of the cavity of the undilated uterus which is fraught with danger, and which is uncalled for, since so many other equally efficacious and less dangerous methods of treatment have been devised. The injection of the puerperal uterus (post partum or post abortum), though not absolutely without risk, is so invaluable a remedy—be it the hot water in post-partum hemorrhage or the carbolized solutions in puerperal affections, that we must overlook the very slight dangers accompanying them. It is only against the injection of perchloride of iron for the relief of post-partum hemorrhage that I would protest as very dangerous, and if any thing less efficacious than the iron swab or the hot-water douche.

Vaginal Injections.—The dangers of intra-uterine injections all will allow. But now one word with regard to the dangers accompanying the use of the ordinary vaginal syringe in the position usually assumed.

Case VI. Intense plevic pain and threatened peritonitis following the use of a Davidson syringe.—Mrs. E. T., a healthy brunette twenty-four years of age, the mother of two children, consulted me in the fall of 1875 on account of a slight back-

ache and leucorrhea. I found the womb somewhat retroverted and lowered in the pelvis, with an endocervicitis which hardly seemed to warrant local treatment. I accordingly introduced a Hodge pessary and advised astringent injections—one half teaspoonful of tannin to two cups of water, night and morning. At that time I was not in the habit of giving careful instructions as to the method of making the injections. This patient, as most all do, used a Davidson syringe while sitting over a chamber. One evening, toward ten o'clock, I was hastily summoned by the excited husband. Mrs. T., while using the syringe, had been seized with a sudden and severe pain—a uterine colic—which was followed by intense suffering. I found my patient in great agony, the abdomen somewhat distended and exquisitely sensitive to the touch, most especially in the region of the uterus and the ovaries; pulse rapid and small; spasmodic increase of pain. The subcutaneous injection of morph. sulph. gr. $\frac{1}{8}$ gave but little relief. Hot applications to the abdomen and opium in one-fourth-grain doses slowly overcame the pain, and after midnight she fell into a restless slumber. The following day she felt sore and remained quietly in bed. A speedy recovery followed. Unquestionably a few drops of the injected fluid entered the uterus. Since this time I always close the central orifice of the vaginal nozzle and direct the injection to be used in the recumbent or semi-recumbent position, as more comfortable for the patient, less tiresome, and more advantageous as securing a more thorough washing of cervix and vagina, which in this position can retain the fluid.

The habit of sitting or stooping over a vessel is exceedingly tiresome and trying—often, indeed, injurious—and at once neutralizes many of the good effects of the injection.

(I would refer to the excellent article on the subject by Dr. E. C. Dudley, of Chicago, "The Hot Water Vaginal Douche," Chicago Medical Gazette, January 5, 1880.)

Case VII. Vaginal injection, followed by severe metro-peritonitis; imperfect recovery.—The following case occurred in the practice of Dr. E. C. Evans, of Sedalia, Mo., some twelve years

ago: A married lady, some thirty years of age, the mother of three children, had been using vaginal injections, on account of a leucorrhea, of her own accord. No medicated fluid; simple warm water was injected with a Mattison syringe in the ordinary way, the patient seated over a chamber. While thus using the injection she was seized with an intense pain, she threw up her hands, and fell off of the vessel on to the floor in a convulsion, in which condition she was found by Dr. Evans. The convulsions continued, with the patient in an unconscious condidition, from that time—9 P.M.—until 10 o'clock the following morning. A violent metro-peritonitis followed, greatly endangering the life of the patient, and continuing for some ten days. She ultimately recovered, but has never been in robust health since, remaining almost an invalid in consequence of this unfortunate vaginal injection.

This case at once suggested to Dr. Evans the plugging of the central orifice of the nozzle, and since he has insisted on this he has not met with another accident.

These cases, which might unquestionably be duplicated again and again, will suffice to show that even so simple a proceeding as the use of the vaginal douche is not wholly free from danger, and that it should be cautiously and judiciously employed.

In order to obviate the dangers and the discomforts arising from vaginal injections, as ordinarily used, I advise my patients (1) to plug the central opening of the vaginal attachment; (2) to assume the semi-recumbent—better the recumbent—position with knees drawn up; (3) never to use a strong current, whether by the fountain or bulb-syringe.

Sponge Tents. Case VIII. Peritonitis following the use of sponge tents.—Mrs. John Miller, twenty-three years of age, suffered from anteflexion and endocervicitis. I attended patient in September, 1873; began dilatation of the uterus on the 23d. On the 25th, while the uterus was well-dilated by a large sponge tent, and while under strict orders to remain quietly in bed, this conscientious patient scrubbed the floors, and went about in the yard putting things to rights. Consequently I found a diffuse peri-

tonitis on the 26th. Although it yielded readily to treatment, she remained weak for some time afterward, and but slowly recovered her strength.

Case IX. Death from the use of sponge tents.—Dr. J. Taber Johnson, of Washington, D. C., writes: "About ten years ago I dilated a uterus, preparatory to removing a fibroid before the class. I used three tents, one after the other, so as to approach the tumor more easily. With the third, metritis set in, peritonitis occurred, and, in spite of the best treatment with skillful and trained nursing, she passed hence. She had complete procidentia, the uterus having fallen far down. The case seemed a simple one; the organ had undergone much rough usage; she constantly bruised it in walking and sitting; two operations had been performed on the vagina to retain the prolapse, and the perineum had been restored, all without any unfavorable reaction. After she had borne all these operations she succumbed to the simple use of a sponge tent."

Death following the use of sponge tents.—American Journal of Obstetrics, August, 1874, p. 279: At the meeting of the Philadelphia Obstetrical Society on the 4th of December, 1873, Dr. De F. Willard exhibited the uterus of a woman who had died after dilatation of the cervix uteri by sponge tents. The patient had been married for eight years, but had never been pregnant. Three sponge tents were used in succession; the last, a smaller one, was introduced on a Friday, and, contrary to orders, the patient worked the next day, Saturday, at the sewing-machine. On Sunday morning she suffered extreme pain, abdominal tenderness, fever, etc., and on the ninth day she died. Peri-uterine cellulitis, then general peritonitis; the parietal layer of the peritoneum was covered with lymph, and a small abscess existed on the left side of the uterus.

Dr. Ellwood Wilson reported an analogous case: On Thursday he introduced a sponge tent for sterility and painful menstruation, and another on Saturday morning, which he left until Sunday morning. She seemed so well that he gave her permission to go down stairs. She, however, not only did this, but in

the evening went to church. In the night she had a chill; on Monday peritonitis set in; on Tuesday she died. Dr. H. Lenox Hodge had also seen a fatal case: The first tent was introduced on Saturday, the second and third on Sunday and Monday; before the removal of the last she complained of acute abdominal pain, and died of peritonitis four days after. An autopsy revealed a double ovarian tumor. Dr. Albert H. Smith reports a death on third day following the use of the scoop after dilatation by sponge tents. He never hesitates to use tents, even in his office; the great danger is from their repeated use. He does not hesitate to use a second tent, but fears a third. Dr. Goodell had one case of death to record following the use of three sponge tents in a case of intramural tumor, which was manipulated by a number of physicians who were present.

Every gynecologist, the ablest and most skilled, has seen dangerous and fatal results following the use of sponge tents. Thus Dr. Parvin says, "Sponge tents have occasionally given me great anxiety, as severe peri-uterine inflammation followed their use, and twice this inflammation terminated in abscess, but never in death." Dr. Skene has seen cellulitis in three instances, and Dr. M. A. Pallen, of New York, in one hundred and fifty cases in which he used tents saw two deaths from metro-peritonitis, sixteen cases of pelvic cellulitis, and one of metritis with abscess. (Pallen, "Incision and Division of the Cervix Uteri," Am. Jour. of Obstetrics, July, 1877, p. 364.) Dr. Mundé, of New York, informs me that he has twice seen acute parovaritis follow the use of laminaria tents. Dr. T. G. Thomas tells me of four deaths in his practice from the use of sponge tents, and Dr. J. R. Chadwick of one death following the use of a tupelo tent to facilitate conception in a sterile woman.

This of course is only the experience of a few of the busiest gynecologists, who have so frankly and so kindly given me the history of their mishaps that they may serve as a caution to others. The most instructive case, however, the one which conveys the most pointed warning, is (Case X) one which occurred in the practice of Dr. Emmet, and I will quote the words of his

letter: ". . . . I have a fellow-feeling for you, as I have recently lost a patient from peritonitis—brought on by her own imprudence—after the use of a sponge tent. Contrary to orders she got up and walked about in her bare feet. My care after the use of sponge tents has frequently been ridiculed, and by men who do not hesitate to introduce them in their offices and then allow the patient to return home.

"I keep such cases in bed and place them in charge of a nurse, so that they can not commit any imprudence, and yet I can not always guard against the danger. This very case which died was guarded by the nurse, ordered to lie quietly in bed, and told the consequences of any imprudence. Notwithstanding all this, during a few moments, when the nurse was obliged to be absent from the room, this patient got up, and in her bare feet walked over an oilcloth into the adjoining room. That very night she had a chill, and in less than a week she died from the intense peritonitis which followed."

Tents, whether sponge or laminaria, must be used with the greatest care, and the following points strictly observed: 1. The patient must remain quietly in bed during the entire period. 2. Rapid dilatation should be employed, and if possible not more than two tents used, the tents only remaining until fully expanded. 3. Warm, cleansing, or disinfecting injections must be used by the patient in her bed, and the uterine cavity must be cleansed by the physician before the introduction of every tent.

It has been my custom to begin with the insertion of a slippery-elm tent. Upon the following day I have stretched the canal moderately with the dilator, and forced in the largest possible sponge tent, which I could generally follow by the largest size in twelve hours. Unless it be an imprudence, it is generally the third tent which does the mischief.

Goodell, in his usual happy vein, explains this: "The mischief is done, not by the first tent, or the first batch of tents passed into the cervical canal, but by those put in at a second or third visit. The first tent irritates and congests the cervix; its removal abrades the mucous coat, and from this raw surface is absorbed

the fetid discharge or the septic material generated by the cusceeding tents.

DANGERS OF THE MOST TRIVIAL OPERATIONS UPON THE UTERUS.

Care and cleanliness, if not Listerism, are necessary in even the most trifling uterine operations, and the strictest surveillance should be exercised over the patient during the after-treatment, even if this consist in nothing more than rest—absolute rest and cleanliness. This is all the more necessary as a patient after a slight operation may suffer neither fever nor pain. On the contrary the happy effect of the operation may already have shown itself—she is free from all annoying aches and pains of which she complained before the operation, and considers herself accordingly well and at liberty to move about as she pleases.

I have always given my patients the strictest injunctions in this respect, and once have I seen death follow disobedience of these apparently ridiculously strict orders, and once I almost lost a patient from a trifling exposure caused by a change of weather which I had not anticipated.

It has afforded me great satisfaction to see my apparently extreme views so thoroughly corroborated by a gentleman of Dr. Emmet's experience, who in a recently-received letter says, "When I operated in the hotels and boarding-houses I frequently lost patients from the most trifling operations, as I could not guard against their own acts of imprudence. This led me to operate only in my private hospital, where I could take every care and have the patient watched. The result has been most satisfactory."

Rest and careful attention during the after-treatment are extremely important features; and yet, with all care, dangerous and fatal results may occur. Very few of the text-books which you may consult before attempting an operation will tell you any thing of its dangers, unless it be an ovariotomy or a similarly serious undertaking. They will tell you how to operate, but will not detail the minute precautions to be observed in the operation, or counsel you how careful to be of the patient after

she has been operated on, as she ceases to be an object of interest when once the aspiring surgeon has cut.

I have called attention to the necessity of cleanliness if not of Listerism during the operation, and of rest after it, but must add that among the most important precautions, before even engaging in the operation, is the exclusion of septic influences in the widest possible sense of the word. It is not only dangerous for the surgeon to operate if he himself is in attendance upon a case of puerperal or other septic fever, but he even takes a great risk if he operates during the prevalence of such an epidemic; most so during the spring of the year. Such, at least, has been my experience.

It was in March and April, 1880, that I lost a patient from puerperal septicemia, without any apparent infection, and that those two simple operations (Cases XIV and XVII) resulted so badly. Others have made the same observation. Thus Dr. Emmet writes me, "I have had trouble from the most simple operations, and particularly in the spring of the year if there is much puerperal fever." Dr. Marcy, of Cambridge, writes, "We have had an unfortunate epidemic influence in our vicinity this last spring (1880) so pronounced that several of us for some weeks gave up all the surgery possible." Dr. Baker, of Boston, says that at this same time he lost his own case, and that he understands that Dr. C. B. Porter lost a case from operation for rupture of the perineum in the Massachusetts General Hospital: "At that time many obstetricians were complaining of the hard getting up of their cases, and I consequently suspended all operations, as well as the use of tents, both in hospital and private practice, for six weeks, when I was informed by the board of health that the hygienic condition of the city was again good." It is this hygienic condition, dependent upon certain atmospheric or telluric influences, which we must take into consideration, as as well as the danger from direct personal infection. Men are in the habit of reporting their successes, not their failures; and even Hegar, the skillful German surgeon, quietly buried his first case of extirpation of the ovaries, thus leaving to the bold and

successful American, Robert Battey, the credit of the new operation which now bears his name. Not until Battey had published a series of successful cases did Hegar operate again, and then he claimed that fatal case, which he first sought to hush, that it might now give him precedence. So all do. Porro would probably never have claimed his operation had his patient died; he would not have told of his experiment any more than Hegar did. The more desperate the operation, if successful, the more ready is the surgeon to report it. These successful cases make up the medical literature of the day. Of failures or of fatal results we hear but little; certainly not in minor operations; and such wonderful results are achieved in this present era of antiseptic surgery that every practitioner deems himself justified in a free and often careless resort to the knife, the curette, and especially the less dangerous instruments, which accordingly often prove to be instruments of death.

Scarification of the Cervix. Case XI. Death in consequence of sacrification of the cervix.—As the simplest of all operations in which the knife is used we may certainly regard the scarifying of the cervix, and this unfortunate result which followed so trivial an operation at the hands of so able and skillful a man as Dr. Parvin, of Indianapolis, may well be a warning to all. To use Dr. Parvin's own words:

"The patient was a delicate lady, twenty-four years of age, married, but sterile; she suffered from chronic metritis, with scanty and painful menstruation. I scarified three or four times with marked benefit, and so favorable was the result that I did it once too often. Within thirty-six hours of my last scarification a peritonitis set in which marched rapidly to a fatal issue."

How is this case to be explained?

Incision of the External Os. Case XII. Death from pelvic cellulitis and general peritonitis in consequence of exposure, five days after a slight bilateral incision of the external os.—M. M., aged twenty-six, servant, had suffered for many years more or less with backache and dysmenorrhea, in consequence of endocervicitis in an anteflexed uterus with pin-hole os; had been

treated off and on by various physicians but without receiving more than a temporary benefit. Rest gave her the greatest relief, but as soon as this otherwise strong and healthy woman resumed work the backache, ovarian pain, etc. returned. I had proposed to enlarge the external os by bilateral incision in order to open the uterine cavity, to enable me to resort to local applications as well as to permit the free escape of the menstrual fluid. The operation was performed with the assistance of Dr. Evers, at the Women's Hospital, on the 3d of December, 1879, five days after cessation of menstrual flow. I made a trifling bilateral incision, cleansed the wound with hot water, inserted iron cotton to distend it, and kept this in place with a cotton tampon. The patient suffered some little discomfort from the tampon which disappeared upon its partial removal on the following day. She did very well, had no pain, and no febrile reaction whatever. December 6th, the iron cotton was changed and a carbolized wash used. The strictest orders were given that the patient should remain in bed and not even sit up in her bed; but on the fifth day after the operation, while the nurse and other patients had left the ward, she quickly got up to have a wash; unfortunately she found no fresh water in the pitcher, so in her slippers and dressing-gown this patient, who had been ordered to keep to her bed, went out into the yard to pump water for herself; then she had a nice wash, and in the afternoon a severe chill—high fever all night. On the following day, Tuesday, December 9th, I found her suffering intensely from a well-developed pelvi-peritonitis, which, however, yielded in a few days to an energetic treatment of opium, quinine, and constant hot applications. Cotton was removed from the incision and occasional injections of hot carbolized water seemed to afford comfort. December 13th, fever and pain disappeared; she rested easily and began to take nourishment; improved rapidly, nothing to complain of. On the 16th we were obliged to remove her to her home over one mile distant, as the hospital was given up. The weather was pleasant, and she was carefully wrapped up and taken home in a carriage. The driver, contrary to orders, seems

to have driven at a sharp trot over the rough, recently-frozen ground. She was a good deal jolted, and I was soon summoned to find her in a worse condition than before. General peritonitis supervened upon a violent parametritis; leeches only afforded the relief which was no longer to be obtained by opium or by morphine injections; quinine was vomited but retained by the rectum. Dr. Hodgen kindly saw the patient with me several times, but notwithstanding all that could be done she died on the 22d of December, nineteen days after a trifling operation, which many would perform on an office patient, a victim to her own imprudence.

Case XIII. Death in consequence of a slight incision of the posterior lip. Related by Dr. J. Taber Johnson, of Washington, D. C.: "Patient was a multipara who had not borne a child for ten years and suffered from terribly painful menstruation. Diagnosis, hypertrophic elongation of the cervix and conical pin-hole os. She declared that each period was more painful than the birth of a child. One of our best surgeons saw her with me, and we determined to amputate the crevix, but as *she was too near her period* this operation was necessarily delayed, and by way of encouragement, to show her how much good would result from even a very small operation, we merely incised the posterior lip of the crevix, and only part way through at that. The following day I passed a small black French bougie so as to keep the wound open. Neither the operation or bougie gave her any pain. The next day she had chill after chill, and to make a long story short, inflammation then traveled rapidly upward, involving one portion of uterus and peritoneum after another, until this unfortunate woman had general peritonitis in addition to the pelvic cellulitis. I attended her faithfully about four months, many times twice daily. With careful attention and skillful nursing she slowly recovered."

Dr. Goodell, of Philadelphia, has had a death from an almost equally simple operation, a posterior section of the crevix.

Barring the numerous fatal cases from the once so frequently performed bilateral incision, I can now hear of none beyond

those done in office practice, and accidents in consequence of Sims's antero-posterior section seem still more rare — probably as this has been regarded as a more serious operation, and operators have as a rule followed the careful directions of Dr. Sims. No accidents at least have been reported to me in consequence of this operation by any one but Dr. Sims himself, who says, "I have lost two cases from incision of the cervix uteri, both of which have been published." These he has fully discussed in Vol. III of the Transactions of the American Gynecological Society, in his article on Treatment of Stenosis of the Cervix Uteri, page 54.

Dr. M. A. Pallen, of New York, publishes two deaths from incision of the cervix uteri in his paper on Incision and Division of the Cervix Uteri for Dysmenorrhea, American Journal of Obstetrics, July, 1877, p. 364. Dr. Thomas says that he has several times seen peritonitis or cellulitis follow section of the cervical canal but never death.

Operation for Laceration of the Cervix. Case XIV. Death from general peritonitis following operation for a slight unilateral laceration of the cervix.—Mrs. H. R., from Tennessee, aged twenty-six, suffered from backache, ovarian pain, and general weakness in consequence of a slight left lateral laceration of the crevix uteri; was unequal to any exertion; a short walk or an attempt at work increased pains excessively. The uterus was movable, still somewhat enlarged, but in much better condition than when I last saw the patient in March, 1879, she having undergone a very thorough preparatory treatment at the hands of Dr. Thompson, her attending physician. The menstrual flow ceased on the 15th of March, 1880, but vaginal douches were used and the bowels freely moved. Six days later, on the 21st, I operated, with the assistance of Drs. Holland, Hypes, Schenck, Nelson, and Thompson, of Tennessee. The operation was a trifling one, borne well without chloroform, performed under the douche of hot carbolized water; four silver sutures were introduced. No reaction whatever followed; pulse and temperature remained normal; a few hot-water injections removed

the slight discomfort caused by the sutures on the third and fourth days. She was impatient to leave the bed as she felt completely cured. It was indeed remarkable how all former symptoms suddenly disappeared after the operation. Ovarian pain and backache were gone; in short, as she expressed it, she felt "as if she had a new back." March 28th: The sutures were removed on the seventh day, but only partial union had taken place, the lateral half or two thirds having united, and there was a slight return of former symptoms upon removal of the sutures. I determined to pare the edges again and repeat the operation. I considered this a proper course to pursue, as there was no uterine tenderness whatsoever; no enlargement; nothing pointing to an inflammatory condition. The menstrual flow was not expected for five or six days, and she would not wait until this had passed over. If she were to undergo a second operation it must be done at once. I accordingly operated on the 3d of April, with the assistance of Drs. Holland, Hypes, and Thompson, observing the same precautions as before. Three sutures served to unite the wound. Intense pain followed the operation, and this steadily increased; fever soon came on; vomiting and abdominal tenderness told of a severe general peritonitis to which she succumbed on the morning of the 8th—not quite five days after this slight operation. The menstrual flow appeared unexpectedly and prematurely on the 5th. Hot applications and morphine subcutaneously afforded her relief, but quinine per rectum and subcutaneously could not stay the fatal course of the disease. The patient was under the constant care of Dr. Thompson, and was seen in consultation by Drs. Hodgen and Prewitt; and although not one could detect any symptoms of septicemia, I would mention that three weeks before I had lost a patient of puerperal septicemia in the same hospital.

The first and successful operation was performed two days after this death—recklessly, I will acknowledge; but as this operation passed off so well I deemed myself perfectly safe in attempting a second one so much later. Did this fatal accident result from the infected atmosphere of the building, or from the

proximity of the menstrual congestion, or from a trifling incident which has escaped my memory? As my own vulsellum forceps had been loaned to a fellow-practitioner, I made use of an old rusty pair which I found in the hospital. Could these have been the cause of the infection?

The post-mortem revealed a general peritonitis; the sexual organs in a healthy condition and apparently not the source of the inflammation. What was the cause of this unexpected result?

Case XV. Death from septo-pyemia nine days after an operation or extensive bilateral laceration of the cervix. — Dr. W. H. Baker, of Boston, writes me: "About ten days after I had lost one of my ovariotomy cases from septic peritonitis I operated for an extensive bilateral laceration of the cervix in a widow, fifty-nine years of age, with nearly complete procidentia. My reason for operating was that when the uterus was replaced within the vagina and any means of supporting it there were used, such appliances tended to separate the lips of the cervix and caused much irritation. It was then simply in order to make it possible to adjust a pessary without irritation that I did the operation. She had ceased menstruating entirely one year before, and when the operation was done there seemed to be so little vascularity to the parts that I was almost led to question whether they possessed sufficient activity to insure union. She died of septo-pyemia in nine days."

Case XVI. Death from general peritonitis four days after operation or an extensive stellated laceration of the cervix.—Dr. H. O. Marcy, of Cambridge, Mass., operated on a delicate anemic lady of twenty-six, who had had a severe delivery four years before, and had not been well since; profuse menstruation, leucorrhea, backache, etc. April 12th the edges were pared and united by six silver sutures; was comfortable without opiates until the following afternoon, when slight pelvic pain began to appear; restless during the night of the 13th, although opium was used freely; temperature still normal. The first and only chill appeared on the 14th, when pulse and temperature began

to rise. At noon she was decidedly worse; pains were intense; and by evening the countenance assumed a pinched expression. She was delirious and unconscious. 15th, slowly sinking; peritonitis well developed; urine highly albuminous, containing abundant granular casts. 16th, 10 A.M., temperature 107°, pulse 160, unconscious; temperature reduced to 104° and below; thirst relieved by ice, etc., yet at 4 P.M. she died.

The post-mortem examination showed uterus and ovaries normal, but the pelvis filled with pus; acute parenchymatous nephritis and general peritonitis existed, and the intestines were firmly agglutinated—a condition similar to the one in my case, where the peritonitis was, however, less violent and no nephritis existed.

Dr. Marcy deemed himself "surgically clean" at the time of the operation, and used no other antiseptic precautions than carbolized vaginal injections every three or four hours during the first two days.

These cases will suffice to demonstrate that this operation, which has been so recently given to us, and which has already proved so great a blessing, is not without its dangers, and demands that the operator carry out in detail all the precautions recommended by its originator in his valuable work; and even then fatal results will surprise us.

The Curette. Case XVII. Pelvic peritonitis in consequence of exposure four days after curetting.—Miss M. M., age twenty-one, a young lady of good constitution, who had always enjoyed unusually good health, free from all the ordinary female complaints, was annoyed by a slight discharge from the vagina which she had noticed since the fall of 1878. The brownish-yellow discharge, though not troublesome, was sufficient to slightly stain her clothing, and she was anxious to be rid of it.

I was consulted in July, 1879. Finding an erosion around the os and some little congestion of the cervix and the vaginal walls, I made a single application and advised astringent injections. These were continued for months without any apparent benefit beyond the cure of the erosion. Determined to relieve my patient from this, though trifling annoyance, which was

evidently due to a congested or hypertrophic condition of the uterine mucosa, I treated her in January and February, 1880, with local applications, also to no purpose. Determined to discover and remove the cause of the trouble, I finally concluded to dilate and examine the uterine cavity. I accordingly introduced a sponge tent on the 8th of March, followed by a second larger one on the 9th, and on the 10th examined the cavity with Thomas's wire loop, and the soft, velvety feel showed me a thickening of the mucosa. I removed a considerable portion with Simon's (sharp-spoon) curette; then made an application of iron to the cavity. Pain soon ceased, and when I visited the patient on the 12th, two days after the operation, found her quite comfortable. I made another application of iron and advised hot astringent injections. I neglected to direct *how* they were to be taken; and as my patient felt perfectly comfortable and well, she got out of bed, walked in her stocking-feet to the stove, and there took her injection.

The weather was raw and a disagreeably cold west-wind blowing. The room was a very large one, with a southern exposure, with three large windows and two doors—one into a cold room, the other into a cold hall. Close by this hall-door, through the cracks of which blew a perfect gale, was my patient's bed; and as she got up, put on her stockings, and walked to the stove she was constantly in a cold draft.

On the morning of the 14th, after taking her injection, she began to feel chilly and to complain of cold feet. On the next day I found her in high fever, with abdominal tenderness. A severe chill followed in the night, and on the 16th, notwithstanding all measures resorted to, a severe pelvic peritonitis had fully developed. The stomach rejected both food and medicine; the pulse ranged between 130 and 140; and for three or four days the worst was to be feared. A good constitution and careful nursing finally turned the tide, and a young life was saved which had come so near falling a victim to a trifling carelessness some days after a slight operation on the uterus.

Dr. P. F. Mundé informs me that he has had a case of cellu-

litis after dull curetting, and Dr. Skene that one of his patients died of peritonitis after the use of Sims's curette, employed to removed polypoid growths.

The sharp spoon, as well as that apparently very harmless, dull curette, must be handled with the same care as the more formidable instruments.

Removal of small Pedunculated Polypi from the Uterine Cavity. Case XVIII. Death in consequence of the removal with the scissors of a small pedunculated polypus from the cervical canal.— Mrs. ——, age forty-eight, the mother of several children, the youngest of whom was eight or ten years of age—none of whom very young—had for over a year suffered more or less from uterine hemorrhages, flooding not only during menstrual period but also at other times. An alarming hemorrhage, more profuse than usual, induced her to send for Dr. H. H. Mudd, who found his patient very feeble, pale, and anemic; the cervix was normal, not unusually soft or thickened; the os small, not patulous; no ulceration or protruding tumor; nothing to account for the hemorrhages.

Dr. Mudd dilated with laminaria; but still unable to detect any abnormity inserted a sponge tent in order to thoroughly explore the cavity. Examination now revealed a small polyp, not over five eighths of an inch in length, attached by slender pedicle not one eighth of an inch in diameter, a little below the internal os. This was easily snipped off with the scissors, giving no pain and causing no bleeding, nor had the dilatation by laminaria and sponge tents caused any suffering.

There was no evidence of any disturbance till perhaps thirty-six hours after the removal of this small growth. Dr. Mudd operated Saturday afternoon or Sunday morning. On Monday morning an alarming chill came on; this was followed by high fever, nausea, and vomiting, and thirty-six hours later—on Wednesday morning—the patient died, three days after the removal of a small fibroid with thread-like pedicle; and I would call especial attention to the fact that in this case the pedicle was cut with the scissors, and not twisted off with the forceps.

Case XIX. Death from removal of a small, pea-sized polypus from the cervix three days before the appearance of the menstrual flow.—A lady, thirty-five years of age, unmarried, in apparently delicate health, consulted Dr. William L. Barrett, of St. Louis, on account of a menorrhagia which had existed for some time, but was becoming very serious of late. Examination revealed a small fibroid growth, no larger than a pea, not pedunculated, and attached to the lining membrane of the cervical canal just within the internal os, and a subserous fibroid of the size of a hazelnut in the fundus. As the removal of the small polypus was so very trivial an operation, and the patient, who came from the interior of the state, was exceedingly anxious to be operated upon, Dr. Barrett at once twisted off this little excrescence with the dressing-forceps, though knowing that the menses were expected in a few days. The point of attachment was touched with Churchill's iodine, perhaps also the greater part of the cervical canal, but the cavity of the uterus was certainly not entered. Every precaution was taken; the patient was kept in bed after this trifling, painless, and bloodless operation; the vagina thoroughly cleansed by repeated washing; and every thing went well for two or three days, when the menstrual flow appeared; with it came a pelvi-peritonitis which, notwithstanding the greatest care and attention, resulted in a general peritonitis which proved fatal within five or six days. A post-mortem examination was made, and this established the fact that the difficulty had originated in an endo-metritis which passed through the fallopian tubes to the ovaries, which were enlarged and congested; from this point the inflammation had extended over the entire peritoneum.

Case XX. Peritonitis and death following the removal with the dressing-forceps of a small mucous polypus from the fundus uteri.—For a brief time the fair name of so skilled and so careful a man as Dr. Emmet was attacked by envious and malicious men, and by the friends of an unfortunate girl, on account of one of those almost inexplicable accidents, as he tells me. To use his own words, "Some sixteen years ago a single lady about twen-

ty-two years of age, and apparently in perfect health, but suffering from an intensely painful menstruation, which had existed for the past eighteen months, consulted me as to the propriety of marriage, fearing sterility.

"Upon my first examination I found an anteflexion of the body of the uterus with an ill-defined thickening in the left side of the fundus, which I regarded as of little importance from its limited size. I advised division of the cervix backward, as was then my practice. I *now* know that the flexion, as well as the dysmenorrhea, must have been caused by an old cellulitis which obstructed the circulation; and had the cervix been divided a fresh attack of the inflammation must have appeared.

"At a second examination in my private hospital I felt a small-sized mucous polypus, about the size of a large pea, projecting from the os. Without any especial preparation or thought as to the consequences, I introduced a Sims speculum, and with a pair of forceps pulled the growth away. The operation caused neither bleeding nor pain, and I expected to have divided the cervix on the following day; but in the night she had a violent chill, followed by cellulitis, and then general peritonitis, from which she died in five or six days.

"This case is forcibly impressed upon my recollection; yet I did not fully appreciate the cause and effect for years after, nor did I do so until I had several cases of cellulitis following equally slight causes."

Dr. Chadwick, of Boston, has had one death in consequence of the removal of a fibroid polypus from the cervical canal.

These cases clearly demonstrate the danger of hastily attacking these simple little growths, which sorely tempt the surgeon and give promise of becoming such yielding and easy victims. They should never be simply twisted off; the uterine canal should be dilated, at least cleansed; the pedicle cut off with the scissors; and, with the observance of the greatest cleanliness, the stump should be cauterized with nitrate of silver, with tincture of iron, or with iodine, as Emmet suggests, and the patient sent to bed.

Dr. Emmet, guided by his experience, gives a graphic de-

scription of these apparently harmless little growths and their treatment on page 616 of his second edition, where he says, "The natural impulse is to tear the growth away. This can be readily done. But if force be used an attack of cellulitis will be more likely to result than after the removal even of a large pedunculated polypus. I have had cellulitis occur several times from twisting off such a growth. There certainly exists a closer relation between the mucous membrane of the vagina, the uterine canal, and the peritoneum and connective tissue of the pelvis than is generally supposed."

The danger seems to me to spring less from the use of force than from the transmission and absorption of inflammatory and septic products by a lacerated stump.

Perineorrhaphy. Case XXI. Death in consequence of trifling operations for lacerated perineum in the practice of Dr. E. H. Gregory.—The most striking of these was that of a lady twenty-two years of age, who had received a slight rupture during the birth of her first child. She was in excellent health, and did not suffer from the trifling laceration, but it was deemed best to repair the injury. Dr. Gregory accordingly operated two or three months after childbirth, with the assistance of Drs. Pollak, Moses, and Carson. The operation was a very simple one, hardly more than a single square inch of tissue being denuded. Twelve hours after the operation the temperature rose to 100°, and on the fifth day this young, healthy, and beautiful woman was placed in her coffin.

Case XXII.—Another similar case was that of a lady of thirty, the mother of several children, upon whom Dr. Gregory operated for laceration of the perineum, some two months after confinement, in the presence of Drs. Hodgen and Lemoine. A fever greatly resembling a urethal fever made its appearance soon after the operation, and terminated fatally in less than a week.

I am informed that a similar case—death from operation for laceration of the perineum about six weeks after confinement—occurred in the service of Dr. C. B. Porter at the Massachusetts General Hospital in Boston.

Fortunately, before returning proof, I have received a detailed report of this case from Dr. Porter, through the kind offices of Dr. C. W. Cooper, to whom I am under obligations for services kindly rendered.

Case XXIII. Death from septicemia sixty-six hours after perineorrhaphy.—Mrs. W., aged twenty-three, quite fleshy, and apparently healthy, entered the Massachusetts General Hospital March 24, 1880, four months after having been delivered of her first child, weighing twelve pounds. March 25th the rupture, which extended half an inch into the rectum, was successfully closed by Dr. Porter. Three deep wire sutures serving to unite the perineal body, while the mucous membrane of the rectum was adapted by catgut and that of the vagina by fine wire sutures, which were also used between the deep ones. Upon the following day the patient was comfortable, and retained some liquid food although she began to vomit.

March 27th the patient was very restless, and the abdomen tympanitic and largely distented; at 1.30 P.M. feverish; temperature after sponge-bath 101°; pulse and respiration increased but not alarming. Later in the evening a decided change took place; the upper extremities were cold, and the pulse very rapid and feeble. The patient now failed rapidly, and notwithstanding all care died at 5.30 A.M. on the 28th—less than three days after the operation. During the entire sickness patient could retain almost nothing on her stomach. Post-mortem examination twenty-eight hours after death showed the surface of the wound grayish, not united, but the neighboring parts apparently healthy. There were no evidences whatsoever of peritonitis, and no pathological appearances beyond a cloudy swelling of the liver and kidneys. Septicemia was assigned as cause of death. Dr. T. G. Thomas tells me that he has had a death from perineorrhaphy in a simple case of partial rupture.

These last-mentioned cases I have referred to, as they indicate the danger which attends any interference with the female sexual organs even remote from the uterus, to which most-abused organ I had intended to confine my remarks. I will not

enter upon such operations upon the uterus as seem to be even somewhat serious or of more than slight importance. Thus I do not refer to the antero-posterior section, to the amputation of the cervix, and especially the unfortunately frequent yet rarely fatal opening of the peritoneum by the ecraseur in this operation. To all such rather more difficult or important (yet in themselves not dangerous) operations I shall make no reference, although a number of fatal cases have been reported to me.

I am greatly indebted to kind friends for the encouragement I have received from them, and for the valuable assistance they so cheerfully gave me in placing at my disposal the unfortunate and hence to others most valuable cases in their rich experience. I am all the more thankful to them as the information I asked for relates to those cases which many of our professional brethren would prefer to ignore. The profession, I am confident, will join me in expressions of gratitude to these unselfish men.

RESUMÉ.

I trust that the object of this paper will not be misconstrued. It is not to prevent the physician from informing himself of the condition of his patients by every means at his command, or to deter him from resorting to the knife when it may be the means of relief to an anxious sufferer; but it is to warn the surgeon that his examinations, that the simplest and most trivial operations, are fraught with danger; in short, that every, even the slightest interference with the female sexual organs must be well considered and most judiciously undertaken, and then only after the exclusion of certain physiological and pathological conditions.

I have thought to confirm the caution of the experienced, though ridiculed by some, and to warn the meddlesome and thoughtlessly rash, and more especially since "a sudden madness seems to have seized a large portion of the profession to become specialists in gynecology," to quote the words of an eminent specialist who is in a position to know. These lines have not been penned in a spirit of timidity or in a moment of

discouragement. I have never hesitated to undertake any operation which a conscientious man would dare venture upon, and I have at this moment two patients lying in St. Louis upon whom I have performed abdominal section. From one I removed two ovarian cysts and five or six cysts of the liver; yet both are recovering without a palpable elevation of pulse or temperature, without any discomfort whatsoever. It is this remarkable and striking contrast, this wondrous harmlessness of those most serious operations, and the alarming and venomously fatal results of the most trivial interference with the female sexual organs, which has misled men and which has suggested these thoughts to me. In view of the facts given we are justified in the following conclusions, which I will not here elaborate, as they readily suggest themselves by a perusal of the cases which I have cited:

1. Uterine manipulations necessitate the greatest possible caution, especially in first examinations; but even the oft-treated organ may, in an apparent freak, under unknown conditions, resent a most trifling interference. (Cases III and XI.)

2. No manipulation or operation is without danger, and before attempting either certain physiological and pathological conditions must be guarded against—menstruation, pregnancy, and involution on the one hand, and the remnants of cellulitis and peritonitis on the other; above all, acute affections. These precautions may be often neglected, but now and then a punishment swiftly follows. (Cases XII, XIV, XIX, XX, XXI, XXII.)

3. During operations we must moreover observe: (*a*) The sanitary condition of the city. The existence of epidemics—especially of puerperal fever, erysipelas, or diphtheria—decidedly contraindicates operation; and it seems that the spring of the year is most fraught with these dangers. (Cases XIV, XV, XVI.) (*b*) Absolute cleanliness, if not Listerism in its details, as far as applicable.

4. After operations—I am still referring to the most simple—the patient must be, at least for a reasonable time, confined to her bed. Upon this the surgeon must insist, however ridiculous it may seem to the patient without ache, pain, or discomfort of

any kind. (Cases VIII, X, XII, XVII.) Even after receiving uterine treatment patients should observe a brief period of rest.

SUPPLEMENTARY.

[The following remarks have been added by the author to his paper as read before the medical society.—Ed. Prac.]

Some additional facts have recently come to my notice which are of sufficient interest to be briefly recorded:

Death in consequence of simple vaginal touch.—I have cited cases of fatal peritonitis in consequence of the use of the sound, of application of iodine, and of scarification of the cervix, but no case of fatal inflammation or even of alarming symptoms following simple vaginal touch has come under my observation.

Martineau (*Traité Clin. des Affections de l'Uterus*, Paris, 1879), in urging caution in all uterine examinations, even in the most common, simple, and apparently harmless, relates two cases of death in consequence of digital exploration. "M. Poncet, of Lyons (*Gaz. Méd. de Paris*, 1878), has published a case of rapidly fatal peritonitis following simple vaginal touch, and Dr. Gillette (*Gaz. Méd. de Paris*, 1878) reports a similar case which he witnessed during his service in the wards of Nélaton. The patient was a woman some forty years of age who had entered the hospital on account of a slight prolapse of the uterus. A digital examination was made by Nélaton himself, with the care and precautions which he uniformly exercised in every case; yet this cautiously-practiced vaginal touch proved the cause of a peritonitis which was followed by death in forty-eight hours.

Dangers of perforation with the uterine sound.—I have related two cases of perforation of the uterine wall by the sound, one of which proved rapidly fatal, and in the other the accident occurred over and over without causing any apparent symptoms. In the Obstetric Gazette of July, 1880, p. 46, I see a statement to the point, which I take the liberty of quoting: "Dr. Dupuy, in a letter to Dr. Gallard, of *la Pitié*, says, In the seventeen recorded cases of perforation of the uterine wall by the sound no serious accidents have been known to follow. It is nevertheless a grave

imprudence. It is also probable that many cases terminating unhappily have not been reported. These seventeen accidents were due to different causes in the different cases. In one the walls of the uterus were inordinately soft and friable; in another the walls were exceedingly thin in virtue of a too liberal use of the curette. In other cases it seemed to be due entirely to a most unskillful and unkindly use of the uterine sound.

Latent gonorrhea as a cause of the fatal results which occasionally follow a very trifling interference with the female sexual organs.—I have called attention to the remnants of a former cellulitis—to a *latent* cellulitis, if we may use the term—as probably the most frequent cause of these alarming accidents. Dr. Noeggerath traces the cause still farther to the latent gonorrhea which he deems the origin of this trouble in most cases. Often it is the salpingitis he thinks which may follow a latent gonorrhea unaccompanied by perimetritis. I believe that we do not radically differ. Latent gonorrhea may, or may not be the original cause of an existing cellulitis. That cellulitis or salpingitis is the direct cause of the accident, it may be well to quote from Dr. Noeggerath's valuable paper, "Latent Gonorrhea in the Female," Gynecological Transactions, 1876:

"I have seen a non-puerperal perimetritis, symptomatic of latent gonorrhea, follow a fright; the act of cohabitation after a prolonged absence of the husband; introduction of the sound by an experienced surgeon; application of a non-cauterizing medicine into the uterus in its mildest form, in the shape of a salve; wearing of an intra-uterine pessary; incision of the os externum; discission of the neck; dilatation of the womb by compressed sponge; appearance of menstruation; application of leeches to the neck; examination of the internal genital organs by the double touch.

"It therefore appears that no kind of manipulation of the uterus or of its lining membrane is not, under certain circumstances, liable to start an acute perimetritis. The fact that grave accidents do occasionally follow trifling operations on the neck of the womb—as, for instance, acute peritonitis of a dangerous

type—after the application of leeches—is thus sufficiently explained by the local predisposition.

"We have been taught by experience that it is not safe to perform an operation on the womb while symptoms of perimetritis exist. The precaution thus shaped is insufficient, for two reasons: first, because the larger number of cases of chronic perimetritis is so very little characterized by physical signs that its presence is very often not suspected; and secondly, because salpingitis, not to be diagnosed during life, may be present, yet no signs of chronic perimetritis.

"If therefore we are enabled to recognize the existence of latent gonorrhea in a case where the question of an operation is at issue, we shall be even more successful in detecting the cases which give the best chance of success."

Dr. Noeggerath gives us a most valuable hint; and although in certain cases the sensitive condition of the female pelvic organs may result from the existence of latent gonorrhea in the male, the gynecologist must be cautious, and guided in his explorations and in these trivial operations of which we have spoken by the history of the case, by his immediate eyesight and touch. He can not well elicit the existence of symptoms which could with certainty point to latent gonorrhea, but must depend upon the pathological conditions which he may detect directly. Whether these pathological conditions exist or not, the utmost care should be exercised in *every* examination of the female pelvic organs and in *every*, even the most trifling, application or operation upon the uterus.

St. Louis, Mo.

CASE OF PHLEGMONOUS INFLAMMATION, EXCITED BY GONORRHEA, RESULTING IN DEATH.

BY W. F. STIRMAN, M.D.,

Assistant Physician St. Louis Hospital.

Louis Steinberg, aged twenty-four years; occupation teamster; a man of good physique, being six feet in height and weighing perhaps one hundred and eighty pounds. He was admitted to the City Hospital May 29, 1880, at 11 P.M., and assigned to the division then under my charge. He was sent to us from the City Dispensary with a diagnosis of strangulated hernia. Immediately upon his reception I made a hasty examination of the suspected tumor, but found none of the symptoms of hernia. He said his appetite was good, his stools regular, and that he had no vomiting. His mind was confused, and I made no further attempt to get at his history at that time. The temperature being high, I ordered one and a half grams of sulphate of cinchonidia to be administered, and after having elevated the testicles directed that the whole scrotum, penis, and lower portion of the abdomen should be covered with a cloth wet in a solution of subacetate of lead, one part to twenty. As soon as these orders were carried out the man was left alone, and the night-nurse afterward informed me he slept well.

Upon making a careful examination of the patient the next morning I found the penis and scrotum both immensely distended and filled with pus. There was a large but poorly-defined tumor in the right groin. Immediately at the base of the penis on each side was a small opening, and about four centimeters above these were three others of the same character, having dark, narrow, gangrenous rings about them. The whole of the cellular tissue of the anterior and lateral walls, and especially so on the right side, of the abdomen was filled with pus and gas, which, upon slight pressure being applied, could be forced out through these openings. I presume the mistake in

diagnosis made by the physician who sent the man to the dispensary was caused by the peculiar fecal-like odor of this gas, together with the fact that the man wore a truss for an old hernia. The infiltration extended on the right side as high as the lower margin of the sixth rib; but on the upper portions, both here and on the left side, the tumefaction was not nearly so great as on the anterior and lower lateral parts of the abdomen. For this reason my attention was directed below by the hope of finding the exciting cause somewhere in the region of the genitals. The penis, as I stated above, was greatly swollen, and upon examining closely I found that a cone-shaped piece of the glans immediately surrounding the meatus was absent, and that the external meatus itself was almost entirely closed—to such a degree indeed that after having made repeated efforts I was unable to pass a No. 7 catheter (French). It was with the greatest difficulty that I could introduce a No. 2 or 3 filiform. This narrowing extended backward a distance of about fifteen millimeters. Notwithstanding the smallness of the opening, there was an oozing of thin, unhealthy pus. The patient bore no evidence of ever having had syphilis.

Upon interrogating him I obtained the following history: On the night of Friday the 14th day of May he had an illegal intercourse and contracted a gonorrhea, which manifested itself on the following Tuesday the 18th. Two days afterward the penis began to inflame and swell, and on the third or fourth day after this the inflammation had extended to the scrotum and surrounding tissues. He was treated, he said, by internal medicines alone, and had had no local treatment with the exception of cold cloths being laid on the parts, until on the 23d two and on the 25th three leeches were applied. It is evident the five openings mentioned above were caused by these bites. According to the patient's statement the inflammation instead of being allayed was aggravated by this means. I could get no satisfactory cause for the loss of tissues and narrowing at the meatus. The man said it came from the glans (he being a Jew, it was more or less uncovered) rubbing against his pants when at work two summers

before as a roustabout on a steamboat. This may have been the cause, but I think it exceedingly improbable. The temperature at this time (10 A.M.) was 39° C. and the pulse was 92. I made three incisions into the penis—two along the dorsum and one on the left side, all three running nearly the full length of the organ. One extended slightly up on to the abdomen. Pus came abundantly from each opening. Ordered stimulants and a good, easily-digested diet, together with half-gram doses three times a day of sulphate of cinchonidia and tincture of the chloride of iron. Directed that the Goulard's solution should be continued and that the whole inflamed surface of the abdomen should be covered with a poultice of one part of pulverized charcoal and two of flaxseed meal. At 6 P.M. the temperature was 39.8° C., pulse 88.

May 31: Temperature and pulse both morning and evening about same as preceding day. Opened the contracted portion of the urethra with a long, slender tenotomy-knife. Urethra discharged slightly, and I ordered a weak astringent injection. Gave castor oil to move bowels. Had shoulders and head elevated.

June 1st: Pulse a little slower. Cut into the scrotum on the left side; no discharge of pus. Cut a small superficial artery. Controlled hemorrhage by torsion.

June 2d: Was called 3:30 A.M. to check hemorrhage from scrotum; arrested it without difficulty. About half kilogram of blood lost; no collapse. Bleeding was caused by patient becoming delirious in the night and tearing off dressings. Temperature at 9 A.M. 37.5° C., pulse 96. Pus came freely from opening in scrotum. Made an incision in right side of body just above crest of ileum; got a free discharge of putrid pus and offensive gas. At 4:30 P.M. the temperature was 38° C., pulse 92.

June 3d: Pus continued to come from all openings. Penis and scrotum reduced to almost normal size. A dark, gangrenous spot size of silver half dollar made its appearance five centimetres below and behind cut on side. Injected five-per-cent solution of carbolic acid into all openings. This treatment was

continued from this time forward. All dressings were changed twice a day.

June 4th: Made a cut through spot; slight discharge of pus. No change in treatment. General condition remained same for several days.

June 8th: Pulse and temperature in the morning as usual. At 2 P.M. was sent for by nurse; found patient in high fever with incoherent mind; refused to allow dressings to go on. At 6 P.M. after much persuasion succeeded in again applying the cloths. Pulse 104; temperature 39.5° C.

June 9th: Morning, temperature 37.8° C., pulse 100; evening, temperature 39° C., pulse 104. From this time to his death the patient was more or less irrational during the greater part of the time. Ordered sixty-five centigrams of the compound powder of ipecac to be administered each evening at bedtime. Had also after this to resort to morphia hypodermically to keep him comparatively quiet.

June 10th: Gangrenous spot has greatly enlarged, being fully a decimeter in any diameter; smaller spots have appeared about its edges; all are beginning to slough.

June 11th: Had a slight diarrhea; easily checked. Temperature normal; pulse a little quick.

June 12th: The whole of the gangrenous parts on the thigh and abdomen have sloughed out, leaving the muscles exposed. The general condition of the patient again remained unchanged for several days.

June 17th: Morning, temperature 36.3° C., pulse 106; evening, temperature 37.5° C., pulse 120. Diarrhea began again; could not check it. Up to this time the appetite had been good, but it failed almost entirely today. Patient very weak.

June 18th: Diarrhea continued.

June 19th: At 8 o'clock in the morning the temperature was 37.5° C. and the pulse 130. Patient died at 10:30 A.M. directly of the diarrhea and weakness, indirectly of septic poisoning.

Assisted by Dr. Tiedeman I made an autopsy and found the contents of the thorax and abdomen, with the exception of the

traces left by the diarrhea, in a normal state. The pus had burrowed on the right side as high up as the lower margin of the sixth rib, and on the left to the lower margin of the seventh rib. The infiltration extended backward on each side to within about six centimeters of the spinal column. The muscles were not involved. Evidences of an old hernia were found. We could detect no stricture in the urethra other than the one already mentioned. The urethra was intact, and after examining carefully nothing was found to indicate that an extravasation of urine could have occurred. A small amount of pus still adhered to the urethral walls. The prostate was enlarged and inflamed. The bladder appeared healthy with the exception of being congested.

Taking the history and the physical signs of the patient into consideration I do not doubt but that a gonorrhea was the exciting cause of the whole trouble, and that if the stricture at the meatus had not existed the pus could have escaped as formed; there would have been no damming, consequently no general inflammation, and the patient would merely have had an ordinary case of clap.

St. Louis Mo.

ACCUMULATION OF CERUMEN SIMULATING POST-NASAL CATARRH.

BY W. M. FUQUA, M.D.

Miss Lizzie H., aged twenty, a well-developed and pretty girl, with loss of appetite; constipation; scant, irregular, and difficult menstruation; complaining of constant sore throat, sneezing, slight cough with buzzing, and sometimes a popping, pistol-like sound in left ear with considerable deafness, applied to me for examination and relief. I found the post-nasal and pharygneal cavities much congested; dry, with mucous patches adhering to

surface; the uvula relaxed; sleep disturbed; and with some tendency to hysteria. Examination of the nares revealed no polypus, but congested through its entire tract. The left ear was tender, its lining membrane much inflammed, and a large ceruminous mass filled its outer chamber, which was with difficulty removed, owing to the extreme tenderness of mucous membrane. The right ear was also impacted, but the accumulation was more dense, and was removed in a solid mass. The ears were thoroughly cleansed and afterward rinsed out with a solution of sulphate zinc and morphia. At night a few drops of carbolized oil were dropped into each ear. Over the left mastoid process a drop of croton oil was applied for the purpose of counter-irritation, which speedily relieved the internal inflammation, together with the astringent injection. Oxide of silver in grain doses was ordered for her before each meal. After ten days the throat has entirely recovered; her hearing perfect; no cough; abnormal sounds of the ear all gone, and along with them the hysterical manifestation. It remains to be seen what change may supervene in the performance of the menstrual function.

The cough in this case was simply a reflex one, and it may be the uterine disturbance and consequent hysteria will subside. Mr. Hilton on "Rest and Pain," pp. 43 and 44, refers somewhat in detail to earache, etc. as being induced by perverted reflex action of the fifth cerebral nerve and the spinal nerves emerging from the cord between the third and second cervical vertebræ. The unprofessional, as well as the professional, have long known that coughing can be excited by titillation of the auditory canal, and that it may also be produced by foreign bodies in the ear. Dr. J. R. Leeson reports, in the London Lancet, a nearly similar case as the foregoing, only that a chronic bronchitis had resulted instead of a post-nasal catarrh.

Hopkinsville, Ky.

Reviews.

Report and Record of the Operations of the Stafford House Committee for the Relief of Sick and Wounded Turkish Soldiers. Chairman—The Duke of Sutherland, K. G. Russo-Turkish War, 1877–78. London: Spottiswoode & Co. 1879.

If any one is desirous of knowing what Christianity has done for mankind we would triumphantly refer to two credible witnesses which speak in clear and intelligible language, who make no parade or ostentation about their work; which perform their deeds of beneficence, of gentleness, of mercy and good-will very much in the similitude of the offices performed by the Founder of Christianity. These witnesses are the hospitals of Christendom and the offices of sanitation that endeavor to ameliorate the exactions of suffering that are the offspring of war. It was a great event when the illustrious Jerome went to Jerusalem to teach Christianity. A number of noble ladies of Rome, of the great families of that city, who had accepted Christianity as the rule of their life, who, disgusted with the corruptions and rottenness of pagan Rome, determined to leave their native city to enjoy Christianity and to have the advantages of the ministrations of Jerome. While there the Christian spirit in these noble women first gave birth to the idea of the hospital. Neither Greece nor Egypt nor Rome had ever conceived such a thing. There was not in their language even the germ of such a conception, and we see this abundantly by the labors of Jerome in coining a word to express the new institution. Jerome even gives the names of the women who first gave origin to this institution, and Cardinal Wiseman, catching inspiration from Jerome, employed some of his leisure moments in presenting before us some of the illustrious characteristics of Fabiola. These Roman women did not content themselves with estab-

lishing houses where the sick could enjoy the benefits of Christian kindness and trained nursing, but they provided retreats at their farms, to which convalescents could be sent for rapid recuperation. We never see a hospital without a feeling of reverence for those noble women who expressed the spirit of their Master in this beauteous creation. Christendom is now abundantly supplied with hospitals. Let us not forget the nobility of their origin.

The other notable and expressive witness is that one which is found speaking in ministrations to the sick and wounded that war manufactures upon a large scale. When Alexander, son of Philip, started on his expedition for the conquest of a mighty Asiatic potentate there was no more thought or care for the sick and wounded than if such things were unknown. These sanitary cares are the production of Christianity, and they are full of the very finest fruits of its teaching. They remember the manifold kindness expressed by the great Teacher, "Inasmuch as you have ministered kindness and benefits to the least of these, you have done it unto me."

A vast work of this kind, organized for as perfect efficiency as possible, has been inaugurated in these latter days, which goes far for the amelioration of some of the horrors of war. The evils of war are vast at least; but Christianity, enlightened by the spirit of its Master, may do much for their mitigation. We have rarely ever observed any thing of this kind that surpassed the organization of the Stafford House Committee for meritorious work of its kind. It rises immensely in the greatness of its work, when we reflect that these arrangements were not set on foot for the fellow-citizens of the land of the Stafford House Committee, but for a distant people in territories of the most forbidding character for services of this kind. As we follow these untiring, energetic, efficient labors on the part of the men appointed for the work, we are lost in admiration of their sacrifices and heroic deeds in taking care of those who had none to take care of them but the beneficent spirits of the enterprise of the Stafford House Committee. The tasks undertaken by

them surpassed the fabled labors of Hercules, but energy, courage, and perseverance accomplished grand results of beneficence.

The chief commissioner, V. B. Barrington-Kennett, representing the Stafford House Committee, was the right man in the right place. The difficulties before him were mountain high, but he met them in a spirit corresponding to their magnitude. The Commissioner says, "Dr. Hayes has just come in from Tchifout-Burgas since I began this report. There are no rations allowed the troops but biscuits. Those very sick can not eat them, and consequently often go without eating at all. He has come to fetch some beds, and also soup and other provisions, to supply this urgent want. There are six battalions of infantry at Tchifout-Burgas, besides artillery, and Dr. Hayes is the only medical man there. In addition to these duties Dr. Hayes distributes necessary medicines to some of the doctors in the neighboring divisions, who are completely destitute of some of the most essential medical supplies.

"On the whole the Turkish sick and wounded are in a miserable condition. The Government can not afford to purchase the most necessary requirements for their hospitals, and the medical staff have to work under great disadvantages. In addition to this the hospitals are overcrowded, and in too many the most ordinary sanitary precautions are neglected. Never, perhaps, during the whole course of the campaign was help more needed than now. The number of sick and wounded is as great as ever, while the means of the Government to meet the torrent of misery which has overwhelmed them are less than ever. I earnestly hope that those who backed up and sympathized with the brave fellows who fought so hard during the recent campaign will not forget them now, when many of the bravest of them are lying in agony and want, their wives and children outcasts and refugees. Can one imagine greater misery than this?"

Alas, scenes of this kind were of almost daily occurrence. The horrors of the situation were very great, but they would have been innumerable but for the beneficent and well-directed labors of the agents of the Stafford House Committee. Its

headquarters were in England, but its agents, like ministering spirits of mercy, were hovering over the Turkish army, to dispense all the good in their power; to mitigate its vast suffering; to bind up the wounds inflicted by war; and to nurse and to nourish the sick, who but for these active, intelligent agents would not have had a friend upon the earth. The Russians inflicted wounds which the Turkish Government did nothing to heal.

This Stafford House Committee not only sent agents to attend to this beneficent work, but they supplied them with ample means to accomplish great results. They furnished them with ambulances, tents for field hospitals, hospital stores, medicines, and a large amount of needed supplies for the sick and wounded. This part of their work has surprised us and excited our admiration. No one of ordinary sentiments of humanity can read these reports in connection with a diligent study of the admirable maps that accompany the reports without feeling that these men are an honor to the human race. The reports of Dr. Stivens, Hayes, Busby, McQueen, Attwood, Hume, Sandwith, McIvor, Eades, Barker, Cullen, Moore, Busby, Neylan, Sketchley, Williams, Ryan, Stoker are full of the active services, of hospital and railroad service, that rival the deeds of the soldiers in endurement, in bravery, in hardship, and contain a record of acts that never were surpassed. One of the letters of Vice-counsel Biliotti presents a picture of the trials of the poor soldiers that is a counterpart to those of the soldiers in every part of this war. His letter is dated Trebizond, March 15th, 1878. He says, "Mr. Morisot handed me yesterday afternoon your letter of the 11th instant, in which you kindly authorize me to spend up to L. T. about £180, for the Turkish soldiers passing through this town.

"I am very grateful for your attention in placing me in a position to take a direct share in the distribution of the funds placed in your hands, and which under your management has alleviated countless cases of misery, and saved many thousands of lives. There is one way of doing real good to the poor, sick,

wounded soldiers, but I do not know whether what I am about to propose is admitted by the rules by which you are guided. It often happens that to make room for other patients sick and wounded are discharged from the hospitals and sent back to their homes in a very weak state and with very little money, if any, in their pockets to enable them to travel. Under these circumstances many of these poor wretches die on the road from privation, and those who manage to see their homes do so only after great suffering.

"I witnessed yesterday morning the embarkation of a number of these unfortunate people, and was thinking whether it would be possible to do any thing on their behalf. The scene was most heartrending. Those who could stand on their legs were crawling to the seashore, the others were carried by porters and embarked. They are landed along the coast and have to find by themselves their way to their native districts, sometimes several hundred miles from the seashore. When I received your letter in the afternoon I considered it a Godsend. There is no doubt that a few piastres may in many cases be the means of saving life, and at all events to give some comfort to the last moments of those doomed to death."

This appeal was made to the Chief Commissioner V. Barrington Kennet, who promptly authorized M. Biliotti to pursue the course indicated. He thus relieved one thousand four hundred and eleven convalescents by the expenditure of 102.94 Turkish pounds. This was enough to cover the Stafford House Committee with the consciousness of duty recognized and duty performed. They had a right to feel that they were standing in the shoes of the good Samaritan, whose deed is recorded in Luke x, 33, 34, and 35. There will a time come when to have occupied such a position will be worth more to the few who do it than all the kingdoms of this planet.

We deeply regret that want of space prevents us from going into minute details of the multitudinous good effected by the noble spirits selected as the agents of the Stafford House Committee. Every page of the report is of profound interest; and

in going through the book we are constantly meeting with deeds of daring, scenes of privation, of hardship, and the conquest of difficulties that seemed insurmountable to all but those who were determined not to be overcome.

In our regular progress we have reached Lord Blantyre's English Hospital, at Erzeroum, where there was a combined expenditure of the Stafford House and Lord Blantyre's funds. The hospital was placed under the superintendence of Consul Zohrab. It was opened in a large Khan. In addition to their hospital duties the surgeons formed an ambulance on the field in the engagement of Deve Bouyoun and in the defense of Erzeroum. The period of service extended from July 15, 1877, to April 17, 1878. There were treated in hospital and on the field, sick, one hundred and thirty-seven; wounded, two thousand six hundred and thirteen; average number of beds occupied in hospital, one hundred and seventy-two. The following served on the staff of this section: Surgeons Casson, Fetherstonhaugh, Buckley, Guppy, Pinkerton, and Denniston, with Turkish assistants. All the surgeons were in Lord Blantyre's service, and Mr. Reginal Zohrab rendered invaluable service during the whole period.

The third part of this work opens with the Medical Report by the sub-committee, Sir J. Fayrer, K. C. S. I., M. D., F. R. S., chairman. To this gentleman we are indebted for the great pleasure we have enjoyed in reading the admirable sanitary lessons displayed on a grand scale by the Stafford House Committee. Sir J. Fayrer says with much force, "The great lessons to be derived from such opportunities as those afforded by the Turkish army should be interesting and instructive; and there is no reason to doubt that the medical officers did, as far as their heavy work permitted, avail themselves of such chances as they had of profiting by them; therefore, while thoroughly acknowledging the valuable services they performed, we can only accept without comment whatever they had leisure to record and place at our disposal; as it would be obviously unjust, under the circumstances, to be hypercritical or to expect reports in detail."

The report by Dr. McIvor gives a brief summary of the surgical proceedings of the Stafford House Hospitals at Adrianople, and will convey also a good notion of the general character of the work done elsewhere by the same department.

The report of Mr. Eccles is an interesting contribution on the subject of the influence of malaria on the troops, and especially the wounded. As a result of direct personal observation it is a valuable addition to the medical history of the campaign.

Sir Joseph Fayrer has, under these heads, made a capital record of the important matters intrusted to his care. These scenes of danger, of suffering, of hairbreadth escapes—which were not all escapes—of skillful management in hospitals, of seasonable aid in ambulances, and help at stations, seem to live before us, as though the Great Wizzard of the North had rehabilitated them for one of his everliving novels. It is delightful to read under such guidance. We regret that our space is not sufficient to permit us to review the great labors of these gentlemen. But we can not pass over the report of Mr. Eccles upon "The evils of malaria on the troops, and especially the wounded." Mr. Eccles was assigned to a battalion of Turkish Redifs in a province of Thessaly. He was in the city of Larissa, among people who were natives of the province, inhabitants of the villages or hamlets scattered about on the great plain extending from the slopes of Olympus, Ossa, and Pelion on one hand, to the range of mountains forming the frontier of Greece on the other. The hospitals were crowded with cases of intermittent fever. Many of these cases were of a formidable character. Six of the cases seen by Mr. Eccles terminated fatally before the first exacerbation had ceased. Mr. Eccles entered upon the management of these forms of poisoning as an "entered apprentice;" but he advanced rapidly in knowledge and skill. As we read his experience, we might almost think that he was with McClelland's army on the Chickahominy. The first essay of management was very unsuccessful, the fatality was so great that the Turks called his hospital *shaitan ev*, meaning thereby the abode of the evil one. Mr. Eccles speedily rose to the occasion, and he bears tes-

timony to the power of quinine "given in large doses during the attack." That has been quite a familiar truth in this country during the past forty-five years. We were somewhat surprised to find that Mr. Eccles is not familiar with the great truths that belong to this poison. He mentions that there were quotidians in the attacks, but that tertian predominated. If he had examined with care—as we have many hundreds of times—he would have seen that tertian attacks were common among those "to the manner born," while quotidians occurred among those who did not belong to territory in which the seizures were made. This is a practical fact of great value. Again: He did not seem to be awake to the fact that the poison acts exclusively at night, nor did he seem to know of any method of guarding against that evil. For the relief of the people intrusted to his care, he should have removed them from the plains of Larissa to Olympus, to Ossa, or to Pelion, above the reach of the poison. The great mortality was due to this poison, and the largest amount of it could have been prevented. That it was virulent in its character is seen in the fact that many of the cases ended fatally in the first paroxysm.

Mr. Eccles complains that British medical literature says but little upon the evils of this poison upon wounds. Is it needful that any one should teach on that subject? Can a poison that enters the constitution at night, and the next day probably gets up a miniature earthquake among the vital forces, affecting every thing that belongs to the human body, shattering the nervous systems, the muscular powers, the circulation, the respiration, and the offices of the brain—can it do all these with organs previously healthy without writing lessons upon wounds or ailments of any kind? When Mr. Eccles gives his clinical experience he shows plainly that malaria did express its lessons very intelligibly upon the wounded patients. He speaks of other diseases—erysipelas, scurvy, typhoid fever—among his clinici at Larissa; but every one of these was more baleful from the presence of malaria in the atmosphere in which they were confined. Mr. Eccles makes this astounding statement: "Of thirty-six who

suffered from remittent or intermittent fever nineteen died, while of the twenty-four who had no attack of ague while in hospital, only three died, one of them having the appearance of a patient suffering from malarial cachexia."

We are very thankful to Mr. Eccles for his teaching on this important subject. He was unfortunately situated, cramped for facilities, and crowded with demands upon his time.

But we must pause; the temptation is great to speak more at large upon the beneficent operations of this Stafford House Committee. Their praise should be sounded wherever civilization has an ear to receive the glad tidings, wherever there is a human heart to beat responsive to the highest nobility of human nature. Eighteen hundred years ago one of the mightiest minds of that age thus addressed a portion of people living not very remote from the operations of this Stafford House Committee: "Whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are lovely, whatsoever things are of good report; if there be any virtue, and if there be any praise, think on these things." In the very spirit of these monitions, panoplied in the means of doing a vast amount of good, this Stafford House Committee organized a mighty work, and faithfully did they perform the duties they undertook. As human beings we rejoice that it was given to them to do this great work; as members of the medical profession, from whom the world has learned nearly all that it knows on sanitation, we are happy to know that the medical labor was faithfully, thoroughly done. All humanity should rejoice as it gazes into the depths and measures the heights of this great enterprise of Christian philanthropy. The world is not moving backward in its good deeds. It is showering living blessings now where there were centuries of utter neglect, of apathy, and indifference. Soame Jenyns, in his logical work on Christian Evidences, urges with great cogency that when Rome taught, and enforced the teaching, that the highest development of life was in loving Rome above all other things; when Jews held, despite of war's utmost calamities, that within the boundaries of Palestine were all

the needed blessings of the earth, the Founder of Christianity never hinted at the existence of patriotism among the Christian graces. The Stafford House Committee, in their enterprise of philanthropy, covered themselves with this beautiful garment of Christianity. These Turks were not their countrymen; they were far removed from them in speech, in politics, in social organization, in religion; yet, in behalf of suffering, these men of the Stafford House Committee went forth to endure hardships, to undergo privations, to imperil their lives in the interests of humanity. In surveying the details of these great labors we feel that humanity is rising; "jocund day stands tip-toe on the misty mountain top" presaging light for all the interests of mankind.

This work is beautifully printed. It is adorned with three beautiful charts that aid materially in exhibiting the labors of the Stafford House Committee. We regret to add that three of the most active, intelligent, and praiseworthy medical agents of the Stafford House Committee sacrificed their lives in the performance of their duties. They are F. Lyndon Atwood, worthily named Lyndon, House Surgeon of the Royal Free Hospital; John Pinkerton, a graduate of Glasgow University; and W. G. Guppy, a Licentiate of the Royal College of Surgeons, Edinburgh. They fell in harness. They were often under heavy fire from the batteries of the enemy; they passed safely through all such perils, but yielded up their lives to unremitting labors among the sick and wounded.

A number of beautiful testimonials from the dignitaries of Turkey to the Stafford House Committee give a graceful finish to the work.

Treatise on Therapeutics. Translated by D. F. Lincoln, M. D., from the French of A. Trousseau and H. Pidoux. Vols. I and II.

These volumes are part of Wood's Library of Standard Medical Authors. The American profession is to be congratulated upon having this classic work, presented by an American

publisher, and in so inexpensive a form. Trousseau was not only one of the greatest of clinical teachers, but one of the most admirable of therapeutists, and very great value is therefore to be attached to his teachings—teachings which can hardly ever become obsolete, no matter how much the physiological school may pride itself upon its investigations.

The Surgery, Surgical Pathology, and Surgical Anatomy of the Female Pelvic Organs; In a Series of Plates taken from Nature, with Commentaries, Notes, and Cases. By H. Savage, M.D., London. Third edition. Revised and greatly extended. New York: William Wood & Co. 1880.

This work in its successive editions has been quite familiar to all who were engaged in the study of diseases of women, and been most highly prized by them. No American edition, however, has been issued until the New York publishers, with a liberality deserving of all praise, now make it a part of their Library of Standard Medical Authors. We can not commend too highly this work to medical students and physicians.

Health and Healthy Homes: A Guide to Domestic Hygiene. By George Wilson, M.A., M.D., Medical Officer of Health for Mid-Warwickshire Sanitary District. With notes and additions by J. G. Richardson, M.D., Professor of Hygiene in the University of Pennsylvania. Philadelphia: Presley Blakiston. 1880. Small 8vo. Pp. 307.

This book consists of eight chapters treating of the following subjects: General Introduction in regard to Disease and Mortality; The Human Body; Causes of Disease; Food and Diet; Cleanliness and Clothing; Exercise, Recreation, and Training; The Home and its Surroundings; Infectious Diseases and their

Prevention. This is one of the popular series of books which Mr. Blakiston has been issuing, and it is probable that a high-school pupil will derive more benefit and knowledge of physiology by reading the second chapter in this book than from many of the text-books on anatomy and physiology used in public schools. The other subjects are treated in a similar practical and terse style. A. M.

Homeopathy: What is it? A Statement and Review of its Doctrines and Practice. By A. B. Palmer, A.M., M.D., Professor of Pathology and Practice of Medicine in the College of Medicine and Surgery in the University of Michigan. Detroit: Geo. S. Davis, Medical Publisher. 1880. 8vo. Pp. 104.

The reader who expects to find homeopathy berated in this book will be disappointed. It consists principally of lectures delivered to medical students at Ann Arbor, and great pains have been taken to represent homeopathy and its authors correctly. It is intended to educate the laity as well as the medical profession as to what constitutes homeopathy. Dr. Palmer first shows by quotations from their leading writers that they treat symptoms, and do not strike at the cause of the disease. He illustrates this by saying that if there is a pain in the intestine caused by the presence of vitiated bile, causing bilious colic, all homeopaths, ancient and modern, must say that the remedy, if directed to the liver, must be one which would cause the secretion of vitiated bile if given in proper doses. This could not be avoided. True or false, right or wrong, this certainly is homeopathy.

In regard to the central dogma, *Similia similibus curantur*, "in giving opium for stupor, continued cathartics for diarrhea," etc., it was found that the symptoms, the sole object of treatment, were made worse, and this difficulty was met by a diminution of the dose. Some homeopaths have implicit faith in the

law of similars, as illustrated in the answer of a prominent Cincinnati homeopath who was called to a patient dangerously ill from poisoning by arsenic. Another physician was there when he arrived, and asked him what he would do. He said, "Well, doctor, according to my theory I would prescribe a little more of the arsenicum." It seems impossible for a sane man to believe this, and yet *similia similibus* is the bottom stone in the foundation of homeopathy.

The author shows that the subject of "provings" proves itself ridiculous, simply by giving the writings of prominent homeopaths. For instance, less salt than is in an ordinary soda-biscuit is "proved" to cause over four hundred and fifty symptoms. As to infinitesimal doses, Dr. Palmer shows that the homeopathic profession is at great variance on this subject, and that "each of the distinctive doctrines of their creed is denied and rejected by the homeopathic authorities themselves."

The question naturally arises then, What is homeopathy? It is certainly shown in this book that it embraces every thing from the crude theories of Hahnemann down to what is termed modern homeopathy. Dr. Palmer proves by extracts from their best writers that their principles consist in the treatment of disease with the infinitesimal dose or the mother tincture; in the treatment of disease according to the law of contraries, as well as similars; that they treat the cause of a disease without regard to the symptoms, and *vice versa;* in fact, by statements accurately quoted from their most recent and distinguished authors the principles as well as the practice of homeopathy are proved a jumble of glaring inconsistencies and contradictions.

On page 92 it would be well where the priests of Baal are said to cut themselves "with stones" to change it in the next edition to "with knives and lancets," as some of the orthodox homeopathists may object to the Michigan version of the Bible. With the exception of a few typographical errors, as "sympson," "curanter," etc., the book is well gotten up and very readable.

A. M.

The Microscopist. A Manual of Microscopy and Compendium of the Microscopic Sciences: Micro-mineralogy, Biology, Histology, and Practical Medicine. Fourth edition, greatly enlarged, with two hundred and fifty two illustrations. By J. H. Wythe, A.M., M.D., Professor of Microscopy and Histology in the Medical College of the Pacific, San Francisco, Cal. Philadelphia: Lindsay & Blakiston. 1880. Pp. 434. For sale by Cathcart & Cleland, Indianapolis.

This work was first published when the microscope was young and of only limited acceptance among students at large. The author then, in 1851, intended it to be a "manual for the use of the instrument in the hands of physicians and naturalists." To-day, in his endeavor at affording "a compendium of the microscopic sciences," he finds himself face to face with the formidable array set forth in the title-page. "A dozen years ago," said Dr. R. H. Ward in his annual address before the American Society of Microscopists, "one author called it the only perfect instrument, by which he meant it was the only instrument of human construction whose performance equalled its theory; whose adaptations to its objects left nothing further to be desired; in whose contrivance or execution human science had nothing further to ask from human art." What would that author think today if he should see the manifold mechanisms by which the microscope is made a factor in almost all scientific investigations wherein the processes of nature and art are closely studied? Micro-chemistry, for instance, which promises to develop for us the evidence of things unseen, and the application in new directions every day of the microscope to the purposes of medical jurisprudence, to specify among many instances, afford evidence that neither the instrument nor its varied uses has reached its climax. He is a bold man who purposes to give to the world a bird's-eye view of all the "microscopic sciences;" yet such a production, and one not badly filling its mission, is the "Microscopist." The author has taken up the various branches of his subject categorically, paying little attention to mere style, emphasizing the important features of each, and leaving at once

every thing merely curious or theoretical. He starts out with the description of the instrument and methods of employing it, preparing sections, etc., and then gives a chapter to mineralogy and geology, with directions for various examinations. A portion of the work is then devoted to micro-chemistry, and perhaps the description of the micro-spectroscope is less unsatisfactory than usual, but disappointing at best, as is the nature of the case, for the very invariableness of the spectroscopic image, which constitutes its value in chemistry proper, is lost, it seems, in the most skillful portrayal by the microscope; inasmuch as the bands are there shown varying in position and number according to the "physical condition of the substance" and "the nature of the solvents."

In these sciences of mineralogy, botany, zoölogy, etc. the work must always be rather one of reference than a text-book; rather suggestive than rich in detail; yet, thanks to an excellent index and glossary—a new feature, by the way—one may reach definite information with little effort without wading through weary pages of detail, as has been the painful necessity heretofore.

It is, however, in the subjects of pathology, practical medicine, and etiology that the present edition furnishes decided features of value over the old. These chapters of the work alone entitle it to a place in the physician's library. There is not in these fields so much assumption of originality as a prompt separation of the kernel of practical value from the shell of theory. It is a pity the plates should be borrowed, even though Virchow & Rindflinch furnish them, and more than a pity that there should be the same time-honored and exasperating silence as to the powers employed in their delineation. Do authors in microscopy imagine their readers to carry in the mind's eye a sample leucocyte of given amplification by which to compare powers? There is a good chapter on infiltration in disease and one on new formations with excellent plates.

"The Microscope in Diagnosis" is the subject of some thirty pages, while "Etiology" occupies some twenty-five more. This

is presumably all the space consistently open for these important branches, yet the author's power of classification makes his brevity even here less a lamentable fault than at first appears. We of his medical readers would wish the labor given to the classification of ferns, etc. in the appendix could have been bestowed in these fields. The volume is beautifully printed and will lose nothing, in subject-matter or adornment, by comparison with its predecessors. E. F. H.

Pathogenetic Outlines of Homeopathic Drugs. By Dr. Med. Carl Heinigke, of Leipsig. Translated from the German by Emil Tietze, M.D., of Philadelphia. New York and Philadelphia: Boericke & Tafel. 1880. 8vo. Pp. 577.

This is an attractive volume in all the externals which go to make up a book, and no doubt its contents will prove equally so to those who subscribe to its doctrines and practice upon its therapeutic dogmas. For ourselves we 'll have none of it.

Clinic of the Month.

Pilocarpin in Intermittent Fever.—Dr. Gaspar Griswold reports in the New York Medical Journal six cases of malarial intermittent fever treated by pilocarpin with the following results:

Each patient was carefully watched at the time when his paroxysm was due, and two or three minutes after the chill had fairly begun gr. $\frac{1}{5}$ of the muriate of pilocarpin was administered hypodermically. The patient's temperature was then taken every thirty minutes for the next four or five hours. The results were as follows: 1. In all but one case the chill stopped within two or three minutes after the pilocarpin was given, and the paroxysms aborted, terminating in the sweat caused by the medicine—no hot stage occurring. In the remaining case the patient was a very large man, and the dose administered did not produce marked diaphoresis; the chill was not interrupted, although its severity was diminished, and the pains in the back and loins disappeared. A hot stage occurred, but was shorter and less intense than that of the preceding paroxysm. Perhaps a more profuse diaphoresis might have been successful in this case, as it was in the others. With this idea it was proposed in case another paroxysm occurred to give a larger dose of pilocarpin. Unfortunately for the settlement of this question, if not for himself, the patient recovered without having another chill. In one of these cases quinine also was given; in the others pilocarpin was the only remedy. 2. In all the cases recovery followed the administration of a single dose of pilocarpin. In no instance did another chill occur. In a seventh case small doses of quinine (five grains three times a day) were prescribed. A chill threatening to develop was anticipated and prevented with pilocarpin. Convalescence was established without the occurrence of another paroxysm.

From these cases it seems fair to conclude: 1. That the muriate of pilocarpin administered hypodermically will promptly cut short the chill of malarial intermittent fever. 2. That in a large proportion of cases so treated the paroxysm aborts, terminating in the sweat caused by the pilocarpin, there being no hot stage. 3. That such abortion of a paroxysm is in itself sufficient to effect a cure in many cases. 4. That such abortion of a paroxysm is a valuable adjuvant to treat-

ment with quinine during the intervals. 5. That a dose of pilocarpin sufficient to produce this effect acts gently, without causing exhausting diaphoresis or unpleasant ptyalism. 6. That the promptness with which an adequate dose of pilocarpin interrupts a chill is suggestive of its possible efficacy in cases of pernicious intermittent fever where prevention of the full development of a paroxysm is often of the first importance.

Administered hypodermically, the drug acts more surely, more rapidly, more evenly. The dose required varies between gr. $\frac{1}{5}$ and gr. $\frac{1}{6}$, according as the patient is large or below medium size. The following solution may be used:

℞ Pilocarpiæ muriat., ... gr. j;
Aquæ destill., ... ʒj.
M. Sig. ♏x = gr. $\frac{1}{6}$.

Like similar solutions of other alkaloids, this one begins to lose strength and is no longer reliable after standing two or three weeks in a warm room. One-grain powders of the drug may be kept for an indefinite time, put up by the druggist in a manner to prevent deliquescence. The above-mentioned solution can then be made fresh as occasion may require.

If the patient objects to hypodermic medication, or if circumstances render this method of administration inconvenient, the remedy may be given by the mouth, and yet act efficiently. In this case the dose will vary between gr. $\frac{1}{4}$ and gr. $\frac{1}{5}$. It is best given in powder as follows:

℞ Pilocarpiæ muriat., ... gr. j;
Sacch. lactis, ... gr. xxv.
M. Div. in chart, No. V.

These powders may be given to the patient with directions when to take them.

To prevent the occurrence of a chill, pilocarpin should be given hypodermically about fifteen minutes before the time when it would commence. If given by the mouth, an interval of half an hour is desirable, on account of the slower action of the drug when administered in this way. In cases where distinct prodromata, with which the patient is familiar, enable him to predict a chill, these will indicate when the medicine should be taken. In cases where there are no prodromata it will be necessary to approximate, judging from the hours at which preceding chills have occurred.

In cases where quinine, through idiosyncrasy, is contra-indicated, it may be left out of the treatment altogether, and entire reliance be placed upon pilocarpin. A large majority of cases of intermittent fever terminate without further treatment after the thorough abortion

of a single paroxysm with pilocarpin. Very few cases indeed—not five per cent—will continue long enough to require a third use of the remedy. One great advantage is that pilocarpin need not be used blindly; it is required only when a paroxysm is felt to be on the point of developing. If this necessity for the medicine does not present itself the patient may be spared the inconvenience of taking it.

No good results seem to follow the administration of pilocarpin during the hot stage. Its efficacy appears to be limited to its power to prevent or break up that primary disturbance of the circulation which ushers in a paroxysm. It acts quite as well, however, in cases where the cold stage is not marked, if it is given early enough to produce diaphoresis before the fever is well declared.

After having witnessed its administration in nearly a hundred cases the author feels justified in asserting that in the doses required in intermittent fever the action of pilocarpin is unattended with danger or discomfort.

Arsenic in Skin-diseases.—Malcolm Morris, Esq., M.R.C.S., thus puts, in a practical paper in The Practitioner, his conclusions touching the value of this most useful drug in certain forms of skin-trouble:

1. That arsenic sometimes relieves psoriasis in an acute state, sometimes aggravates it; but what are the exact indications for its use it is, in our present knowledge of the etiology of the disease, impossible to say. 2. That arsenic should always be given in small doses for a long period after the eruption has disappeared, to prevent a relapse. 3. That it is never necessary during this course to increase the dose, so as to produce any physiological effect such as irritation of the eyes.

In another disease which in many of its characteristics is closely allied to psoriasis—lichen planus—I have seen arsenic prescribed with apparently good results at the Skin Hospital Blackfriars; and my conviction is that arsenic is an invaluable remedy, since in the cases I have tried it I have never seen it fail.

In the acute varieties of eczema arsenic is by all admitted to be injurious, but in some of the chronic forms it is recommended by authors. I have never yet ordered it alone in chronic eczema, probably because I have always felt it would be unjustifiable to abstain from using local treatment at the same time. Under these circumstances it is impossible to speak with any degree of accuracy concerning its action. I must confess I doubt whether arsenic produces any

specific effect in this disease, for I have noticed that when the local remedies are used with less energy, even though the medicine be taken regularly, the eruption is sure to be worse.

The value of arsenic in pemphigus has been more recently established, and in consequence of Mr. Hutchinson's advocacy it is now a generally-recognized remedy in this disease.

The late Mr. Startin reported twelve cases which were improved by arsenic, though they were not all cured. Mr. Hutchinson gives the notes of twenty-six cases, all of which were successfully treated by arsenic. Several other English observers have had similar experiences. But on the other side it must be said that Hebra in Germany and Tilbury Fox in England do not believe in it as a specific. The latter says at the end of a clinical lecture on pemphigus, "There is no specific for pemphigus; arsenic is declared to be one, but it often signally fails to cure the disease; and I have seen quinine in full doses do much more good." I have myself lately had the opportunity of seeing a case under the care of Dr. Handfield Jones, at St. Mary's Hospital, in which arsenic certainly did harm, and which was ultimately cured by quinine. On the other hand, I have seen cases in which the curative action of arsenic was undeniable.

Chronic urticaria, when unattended by an intestinal irritation, is greatly relieved and often cured by a course of arsenic.

Though an attack of zoster is not cut short by it, yet the severe pain in the course of the nerve which often lasts a long time after the eruption has disappeared, especially in elderly people, is greatly modified.

Acne may be benefited by arsenic, but I have no evidence myself to offer on the subject. Dr. Bulkley says, "Of the value of arsenic in certain forms of acne, or rather in certain cases, I can speak with considerable positiveness."

Since arsenic has been found to be effectual in such different diseases as psoriasis, pemphigus, and urticaria, I can not but think with Mr. Hutchinson that they must have some common cause, in spite of the variety of their external manifestations. Whether arsenic acts on them all equally through the blood, or on the nervous system through the blood, or by some peculiar action on the epidermic cells themselves, can not be positively determined with our present knowledge.

In conclusion: Though arsenic is a valuable remedy in some, it is by no means a universal cure in all skin-diseases. But at the same time there need be no necessity for fear of ill results if the drug be given in moderate doses. It must also be borne in mind that some individuals have an intolerance for arsenic, under which circumstances

I should advise that the various preparations be tried before the drug is abandoned; that it should *never* be combined with any other drug, even iron; that it should always be taken during or after food; that it should never be pushed to produce the slightest constitutional symptom; and that it should be continued to prevent relapses for a great length of time after all traces of the disease have disappeared.

A Successful Case of Transfusion of Blood.—Dr. Joseph W. Howe, Professor of Clinical Surgery in Bellevue Hospital Medical College, reports in the New York Medical Journal the following case as exhibiting in a marked degree the beneficial effects of transfusion of blood when performed in cases of impending death from excessive hemorrhage:

Mrs. B., aged twenty-two years, was delivered of a three months' fetus November 7, 1879. From that date until November 11th she had repeated and profuse hemorrhages from the uterus. On the 10th the bleeding was continuous. The physicians first called in succeeded in controlling the hemorrhage, but not before the patient had reached the stage of collapse. They remained with her all night endeavoring with the ordinary means of stimulation to arouse her, but without avail. She continued to sink in spite of every thing.

On the morning of the 11th I was sent for. The patient was then completely pulseless and partially unconscious. The extremities were cold and clammy, and it was evident that unless some fresh blood were introduced death would soon supervene. She was so far gone that I made up my mind not to spend any time in defibrinating the blood. I opened the median basilic vein in the right arm of the patient and introduced the closed canula of Colin's instrument, and after passing some warm water through the cylinder of the instrument attached it to the canula in the patient's arm. The median cephalic vein in the right arm of the donor was then opened, and the blood was allowed to flow directly into the cylinder without defibrination. When a sufficient quantity had been obtained, and while the blood was still flowing, I injected without any difficulty between seven and eight ounces. The whole operation did not occupy more than five minutes in its performance.

Within half an hour the pulse returned at the wrist, the voice became clear and distinct, and she asked for something to eat, saying that she felt stronger and better in every way. One of the medical gentlemen who had been with her all night assisting in the attempts at resuscitation, and who had left in the morning believing that there was

no hope of her recovery, came in an hour after the operation and said it was "a perfect transformation scene;" that he had no idea that a few ounces of blood could restore lost vitality so rapidly.

From that time on the patient continued to improve, and when I last heard from her she was in the enjoyment of good health and attending to her household duties without any discomfort whatever.

Removal of Coccyx for Coccyodynia.—Prof. E. M. Jenks, M.D., thus concludes (Medical Record) a clinical lecture on this subject:

There are two important points relating to amputation as follows: 1. In case you amputate the bone by means of cutting-forceps, remember that the bone of the stump should be "rounded off," so that there will be no sharp points to prick and annoy the patient whenever the skin of that region is made tense. In one patient I operated upon, where the removal of the bones of the coccyx put an end to a long period of suffering in every respect, except the one just named, a second operation became a necessity. 2. I believe that disarticulation is the better plan; and if you decide to operate by this mode, remember that in case there is articular cartilage on the stump, it should not be allowed to remain intact; on the contrary, you should cut away thin slices of the cartilage, by reason of which the process of healing will be quickened and made more perfect.

Oxalate of Cerium as a Cough-remedy.—Dr. Andrew H. Smith, of New York, in Medical Record, has reached the following conclusions concerning this remedy:

1. Oxalate of cerium could be safely administered in doses of ten grains three times a day for many days in succession.

2. The only unpleasant symptom when so used was slight dryness of the mouth that appeared after several days.

3. It was probably most efficient when administered dry upon the tongue.

4. Its effects were not produced until two or three days after its use was begun, and lasted for two or three days after the remedy was discontinued.

5. It was most efficacious in the treatment of chronic cough, and the initial dose should be five grains.

6. In the majority of cases it had not proved an efficient cough-medicine for any considerable length of time, but could be regarded as a valuable agent to be employed in alternation with other remedies.

7. It did not disturb the stomach; on the contrary it relieved nausea and improved digestion.

8. Different preparations upon the market were not equal in value; and when success was not obtained by one, another should be substituted.

The president spoke of the uncertain action of the remedy in the treatment of the vomiting of pregnancy, and possibly it was due to the fact that he used the Philadelphia preparations, and at the same time used small doses; whereas large doses of a more reliable preparation should have been employed.

New Treatment of Gonorrhea.—Mr. W. Watson Cheyne, F.R.C.S., assuming that micrococci in gonorrheal pus were the real cause of the discharge, says:

In gonorrhea, then, I suppose that at the time of infection a small number of the specific organisms, which in all probability possess a considerable resisting power to the destroying action of the healthy living tissues, are retained in the urethra, and these go on developing, that the products of their growth irritate and weaken the mucous membrane in their vicinity, that the organisms can then penetrate into and live in that weakened tissue, and that the extension of this process over a portion of the mucous membrane of the urethra is the cause of the inflammatory symptoms.

Granting this view were proved, the problem to be solved for the cure of gonorrhea would be how to destroy these organisms without at the same time injuring the inflamed and highly-sensitive mucous membrane. If they were destroyed one would expect the extension of the disease to cease, and the inflamed mucous membrane to return more or less rapidly to a normal state. On thinking this matter over, two substances appeared to me suitable for this purpose, being both powerfully antiseptic and at the same time but little irritating. These are iodoform and oil of eucalyptus.

The next question was how to apply them. It is quite clear that if used as an injection there would be no certainty that they would be brought into contact with the whole of the inflamed surface, partly because the swollen mucous membrane would interfere with the passage of the fluid, and partly because the patient would not in many cases apply it effectually. At the same time an injection could not be expected to do much good, for it would flow out very quickly, and the antiseptic would not have sufficient time to act. I therefore use these antiseptics mixed with cacao-butter, and made into bougies of various

lengths. These bougies are introduced well into the urethra, and a strap and pad over and around the orifice retain them. The bougie rapidly melts, and the mucous membrane of the urethra remains bathed in the antiseptic material for any length of time desired. These bougies possess an additional advantage over injections in that from their size (they have a diameter of a No. 9 or 10 catheter, tapering at the point) they, so to speak, unfold the swollen mucous membrane, and thus cause the antiseptic to be more thoroughly applied.

I have tried the two antiseptics separately and also combined, and I find that they are most effectual when used in combination — possibly because iodoform is soluble to a considerable extent in oil of eucalyptus, and is thus brought into more perfect contact with the mucous membrane. The formula which seems best is five grains of iodoform and ten minims of oil of eucalyptus in a bougie of forty grains.

The specific cause of the disease being eradicated by this means, the question of further treatment arises. It seems to me that although the development of the gonorrhea is arrested, yet if the discharge be allowed to become septic and irritating urethritis might be kept up for some time. I therefore order an injection of boracic lotion (saturated aqueous solution of boracic acid), or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces) to be used for two or three days. At the end of that time injections of sulphate of zinc, two grains to the ounce, may be begun. At the same time the great tendency of the urethral mucous membrane, when once inflamed, to remain in a state of inflammation, must be kept in mind, and every thing which might tend to keep up the inflamed state must be removed. Notably, the patient must be cautioned against drinking, and it is well to order diluents and alkalies.

The method may be summed as follows: The patient is first told to empty his bladder, partly to clear out his urethea, and partly to prevent the necessity of expelling the antiseptic from the canal for several hours. He then lies down on his back, and a bougie from four to six inches long is introduced, and the orifice of urethra closed by strapping. The bougie ought to be dipped in eucalyptus oil or in carbolic oil (1—20) before insertion. The patient is instructed to refrain from passing water, if possible, for the next four or five hours. If the case be severe and advanced he takes another bougie home, and is instructed to introduce it in the same manner after he next passes urine. On that evening or on the following day he commences the antiseptic injection, which he uses four or five times daily. On the third or

fourth day, when the symptoms have entirely subsided, an injection of sulphate of zinc, two grains to the ounce, is begun. At the same time the other points mentioned are attended to.

I have now used this method in about forty cases, and in all the result has been the arrest of the progress of the gonorrhea. For a day or two the purulent discharge continues, but afterward it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days. At the same time the scalding and pain and the symptoms of inflammation rapidly diminish, and disappear completely in about thirty-six to forty-eight hours. In fact the case becomes no longer one of virulent gonorrhea, but one of simple urethritis, rapidly progressing toward recovery, if properly treated. I have used this treatment only in the early stages of the disease, from the first to the seventh day after the commencement of the symptoms, but it has answered equally well in all.

I do not claim any specific power for the two substances I have mentioned. It may be that there are other antiseptics which would be more suitable, and I intend to test any which seem likely to yield good results. Whatever substance be used, however, I venture to think that the results already obtained show that the principle on which it ought to be applied, and on which it will prove most satisfactory, is that which I have attempted to indicate in this paper.

Another surgeon, Mr. J. Brindley James, having tried Mr. Cheyne's plan, gives his own as follows:

I first order the patient an injection containing ten minims of liquor plumbi and two grains of sulphate of zinc to an ounce of water, to be used frequently until the acute symptoms have subsided. I then pass a No. 9 bougie up the urethra as far as the ulcerated spot. I then apply a piece of lint over the orifice of the urethra, under the prepuce, and tell him not to pass his urine for some hours afterward. I order him to take as little liquid as possible and no stimulants. I generally pass one or two bougies a day. My patients generally get rid of the gonorrhea in a week. The only constitutional treatment I adopt is a brisk purgative followed by tonics.

Solution of Salicylic Acid.—Wm. Springer says that carbonic acid water, seltzer, and vichy water readily dissolves salicylic acid. The latter containing an excess of alkaline carbonates is generally preferable. The acid should be put in the glass

first, and mixed thoroughly with a small quantity of the water, and then the glass filled and drunk at once.

Asbestos Roofing-felt as a Material for Splints.—Stuart Eldridge, M.D., Surgeon to General Hospital, Yokohama, Japan, writes to Medical Record:

I have for some considerable time made use of this article in my practice, and have found it preferable to any other material yet proposed for such uses. A brief statement of its qualities will show how greatly it excels pasteboard, leather, starch, plaster, or gutta-percha.

1. It is rendered perfectly soft and flexible by brief immersion in water of a temperature which can be borne by the hand without difficulty.

2. It retains its plasticity quite long enough to allow of careful adaptation, while its stiffness is instantly restored by a dash of cold water.

3. While soft it does not change dimensions, as is so often and annoyingly the case with gutta-percha.

4. It remains unchanged after indefinite exposure to the heat and moisture of the body. Nor is it affected by any of the ordinary lotions, etc. applied in cases of wound or fracture.

5. It is perfectly antiseptic on account of the coal tar with which it is saturated—a quality which of itself would especially commend the use of the article in all cases of compound fracture.

6. It is so cheap that its cost is hardly worth estimating even in large institutions.

The felt which I have used is manufactured by Johns & Co., New York. It is, however, probable that there are other articles of the kind in the market which will be found equally available.

Notes and Queries.

MALARIA. — C. H. Lothrop, M. D., of Lyons, Iowa, says in Transactions Iowa State Medical Society:

As to the fact that malaria may be found to a greater or lesser extent in almost all portions of the globe, and its influence upon the human system in the production and aggravation of disease, I can not do better than to give extracts of a correspondence had with Prof. L. P. Yandell, of Louisville, May, 1879.

"For the sixth time since the 18th of December I have suffered from a most horrible attack of what may be called malarial colic, the result of saturation with this poison in the swamps of Missouri, Arkansas, Mississippi, and the Carolinas while in the Confederate service; and in a week from today I turn my face toward England, hoping that the bad medicine of a sea voyage and a sojourn in the old country may free me from my ill. A dozen years ago a twelvemonth in Europe did me great good, and kept me comparatively well for a long time. There is no doubt in my mind that some persons, becoming thoroughly saturated with malarial poison, never get it entirely eradicated from them. As to the case concerning which you ask my opinion, it is not unlikely that malarial poison was the exciting cause of the paralysis, and it may have been the originating cause. Prolonged malarial saturation may produce organic changes, just as do scrofula and syphilis. It certainly is the chief source of disease in the world, producing not only acute but chronic affections. I have seen a number of cases of intermittent paralysis, intermittent synovitis, intermittent amaurosis, some cases of intermittent strabismus, two cases of intermittent insanity, and I might go on increasing the list indefinitely. I have just cured a case of polyidrosis of the hands and feet, in which the perspiration at 4 o'clock daily, and for many hours, dripped in quantities from the extremities, as water drips from your hand when you hold ice in it on a summer's day.

No medical question is of comparable importance to that of malaria to the people of the United States; nay, to the world. It is less virulent and less abundant in some of the older and better-drained parts of this country and of Europe than it is in others, but wherever

the sun shines and water exists malaria will sometimes be found. It is almost omnipresent, and for evil it is almost omnipotent. The profession and the public are rapidly coming to a knowledge of it, but most of the profession and the public have much to learn."

Editors American Practitioner: BOWLING GREEN, KY., June, 1880.

While making out my mortuary report for the United States Census I find a case which may be interesting to some of your readers:

H. D., colored, aged seventeen years, applied to me for treatment February, 1878. He had been suffering for ten years with well-marked symptoms of stone; had been treated by several physicians without relief; was extremely emaciated; without appetite; had great pain during micturition; penis swollen and so sensitive that no instrument could be passed. I gave him tonics and palliatives, hoping in time to get him in condition to bear an operation. Thirty days after he voided by the rectum a mulberry calculus of an oval shape, two and a fourth inches long and one inch in its short diameter, and weighing one ounce. The stone had made its way through the walls of the bladder and rectum and passed per anum. For some days the urine passed altogether by the rectum, but when the patient grew able to get up and move about the urine began to pass by the urethra. At night, however, the urine passed by the rectum. The patient's health began rapidly to improve. In three months he grew fat and hearty, but he still complained of soreness about the bladder and rectum. I now lost sight of him.

Just one year from the time the stone was passed I was called to see him again. He was now suffering with a remittent fever. He still had the pain about his bladder and rectum. The following day the boy died. With the assistance of Dr. McCormack I made a post-mortem examination. We found the bladder contracted and the walls much thickened. The mucous membrane was inflamed and suppurating. Adhesive inflammation had taken place between the bladder and rectum. The rectum was congested, and there was an opening between the bladder and

rectum as large as the finger, through which the urine passed into the bowel. The patient was excessively emaciated.

J. F. McElroy, M.D.

Arthur Peter & Co.—Enterprise.—A few months ago the extensive drug-house of this old established firm was consumed at night by fire.. It had been in operation sixty-three years—a long time in the history of a western house. While the engines were employed suppressing the flames Mr. Peter had secured a new store, put up a sign, organized a working force, and was ready for business. Messrs. R. A. Robinson & Co. and J. B. Wilder & Co., with that liberality which is a characteristic of Louisville commercial men, placed their large stocks of drugs at the command of their less fortunate neighbors. Thus the orders on Peter & Co. sustained no interruption. The mails and telegraph were brought into requisition, and in an incredibly short time the new warehouse was filled with goods from England, France, Germany, and America, representing a complete and entirely fresh line of every thing needed by the physician and druggist. The stability of this ancient house is something to be proud of. Its enterprise is something wonderful. It enters on its new career with the good wishes of the thousands of physicians throughout the South and Southwest who have looked to it for so many years past for their medical supplies.

Mr. Alfred Daniell, lecturer on medical physics at Minto House, thus (Ed. Medical Journal) depicts one of the trials of the student of medicine in these scientific days:

I need not ask you, he says, to imagine—many of you have experienced, many others will experience—the feelings of a student on being seated in a physiological class-room to take notes on electrotonus, to choose only one example out of many that occur. Ready though he be and well-disposed to work and to learn, he has the cup of knowledge dashed out of his hands. Sound-waves roll into his ears, bearing with them a floating wreckage of such words as anode, kathode, polarizing current, electrotonic current, negative electrodes, negative variations, non-polarizable electrodes, until bewildered, discour-

aged, and rebuffed, unable to take verbal notes, and unable, from not understanding the subject, to take condensed notes, he relaxes his efforts, his enthusiasm dies away, and he degenerates, if no worse happen to him, into one of those students who on no account read any thing which is not absolutely necessary for a swiftly-approaching examination.

KENTUCKY TAKES THE LEAD.—Under the above pleasing caption the St. Louis Courier of Medicine says:

At the last meeting of the Kentucky State Medical Society a resolution was adopted by which the Society dicontinued the publication of a volume of transactions, simply publishing the minutes in pamphlet form. Papers read before the society may be printed in the regular medical journals selected by their authors. A resolution was also offered and laid over for consideration at next meeting providing for the creation of a prize-essay fund by the appropriation to this purpose of the money heretofore used for printing the transactions. This is a move in the right direction, and we congratulate the profession in Kentucky upon the position which they have taken.

TO OUR READERS.—The pressure on our pages by original matter is so great that in order to lighten it somewhat we have added eight pages to the present number, and still a large number of original papers are held over. Correspondents will please bear with us. The communication of Dr. Engelmann is longer than it is our custom to publish in a single issue, but it is so timely a paper and contains so needed a warning that we give it entire.

THE Library of the American Medical Association contains three thousand two hundred and fifty-eight volumes.

THE Fourth Annual Meeting of the American Dermatological Association will be held in the Ocean House, Newport, R. I., on the 31st of August and the 1st and 2d of September.

FOREIGN CORRESPONDENCE.—The first letter of the gentleman who succeeds Dr. Fothergill as foreign correspondent of this journal will appear in our next issue.

The Lunatic Asylum at Anchorage, Ky.—The appointment by Governor Blackburn of Dr. Geo. F. Erwin, of Danville, Ky., to the position of assistant physician to this institution will meet the hearty approval of the profession throughout the state. Dr. Irvine Keller, who was Dr. E.'s predecessor in office, and who made many friends while connected with the asylum, went, after his resignation, to Hot Springs, Ark., where it is said he will go into partnership with his father, Dr. J. M. Keller.

Doctors of Law.—At the meeting of the British Medical Association the University of Cambridge granted the degree of Doctor of Laws, an honor of the most distinguished kind, upon the following medical men: Gross, of Philadelphia (already a D. C. L. of Oxford); Broca and Brown-Séquard, of Paris; Chauveau, of Lyons; Donders, of Utrecht; and Jenner, Gull, Burrows, Bowman, Haughton, Lister, O'Conor (President of the Association), Simon, and Wood, of Great Britain.

Death of Dr. Frank H. Davis.—From a recent Chicago paper we learn the death of this most amiable, excellent, and devoted physician. Cut down almost in the morning of what promised to be a most useful and honorable professional career, the event is peculiarly sad. The hearty sympathies of the profession will be universally given Dr. A. S. Davis, that brave and noble veteran in our ranks, in the great sorrow which has come upon him in the loss of such a son.

Errata.—In Dr. Quinn's article, page 66, fluid ext. ergot ℥ss should be ʒss; on page 69 *aphagia* should read *aphasia.*

The American Practitioner.

OCTOBER, 1880.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—Ruskin.

Original Communications.

THE FORCEPS IN TEDIOUS LABOR.

BY W. W. VINNEDGE, M.D.,

Formerly one of the Resident Physicians in the Cincinnati Hospital.

READ BEFORE THE TIPPECANOE COUNTY (INDIANA) MEDICAL SOCIETY, JULY 1, 1880.

The function of giving birth to young is physiological. Yet every occasion is fraught with deepest interest. Even among the lower animals there is shown a solicitude which is one of the chief manifestations of intelligence in them. In man the occasion calls forth the highest and tenderest qualities of the head and heart.

Childbirth must be accompanied by more or less suffering. This can not be avoided. But the duration and intensity of this suffering can in many instances be greatly lessened. When it is consistent with the well-being of mother and child to shorten labor, it is the duty as well as the privilege of the practitioner to do so.

The history of the construction and use of the obstetric for-

ceps is the record of man's success in assisting and ameliorating parturition. It is not, however, the purpose of this paper to recall this history, except to remind you that the instrument in use today is a very different one from that of our forefathers. The latter was cumbrous and ill-shapen, while the one in use now is so light and its curves so perfectly adapted to the pelvis and the shape of the head that its application is attended with little if any inconvenience or pain. Doubtless much of the objection of writers and teachers in the past to "meddlesome midwifery" was due to the character of the instrument in use, as well as the attempts to define that use by absolute and inflexible rules.

As I proceed I shall undertake to show that these are not, by any means, all the reasons in existence for the difference of opinion among practitioners as to the application of this instrument. Accidents and observations during the use of this instrument in early life give shape and direction to the opinion of those who live isolated professional lives from choice or necessity, which opinions, in time, as they grow older, have the force if not the place of law. It is in this way—and especially is this true in the field of obstetrics—that the spirit of intolerance is established and the true professional spirit is lost sight of.

"At this moment," says Dr. Barnes, "practice differs widely." What is true of London is true of every city and town in the United States. And this difference is not so much the result of the differences in teaching as it is of individual and local accidents. Side by side we see men using the forceps in every ninth or tenth case or oftener, while others once in one hundred cases, or even less; and this under conditions which offer no explanation of the dissimilarity in practice. Looking at the practice of today, we see the lessons of history repeated. Thirty years ago Denman taught that the head must rest six hours on the perineum before resort should be had to the forceps. Ten years ago the late Prof. M. B. Wright, M.D., taught me to wait until the head had rested four hours against the floor of the pelvis before offering instrumental assistance.

Conditions which demand or justify interference can best be studied in the light of the rules laid down by Collins, Ramsbotham, and Johnson, each of whom represents a separate and distinct epoch and school of practice. Collins taught as follows: "Generally speaking, as long as the pulse remains good, the bowels and bladder act well, the soft parts remain free from severe pressure, and the uterine action continues so as to cause the presenting part to descend ever so slowly, the patient having no pain in the abdomen under pressure, or local distress, the child at the same time being alive, as indicated by the stethoscope, I am satisfied no attempt should be made to deliver with instruments, and that he who does so wantonly exposes both mother and child to danger. . . . The necessity of freeing our patient from impending or present danger should induce us to resort to instruments."

Ramsbotham says, "If pains are subsiding gradually or have disappeared, strength failing, spirits sinking, countenance anxious, pulse 120 or more, tongue coated brown, dry, or raspy, two or three rigors, tenderness on pressing, green discharge, preternatural soreness of the vulva, heat and swelling of vagina, head locked, vomiting, hurried breathing, delirium, or coldness of the extremities, then delivery must of necessity be effected at once, and we should be acting most injudiciously if we allowed the case to proceed until the four last symptoms appear without relief being afforded. . . . But so long as the uterus is contracting with energy, the strength and spirits good, the countenance natural and cheerful, pulse 100, tongue and mouth moist and clear, no vomiting, rigors, or heat, swelling or tenderness of the parts; so long as the head retracts in the absence of, and advances in the presence of pain, provided there be any progress in the labor from hour to hour; so long there can be no necessity for instrumental aid."

Johnson's views were as follows: "We have come to the conclusion, and our established rule is, that so long as nature is able to effect its purpose without prejudice to the constitution of the patient, danger to the soft parts or to the life of the child, we

are in duty bound to allow the course of labor to proceed. But as soon as we find the natural efforts beginning to fail, and after having tried the milder means for relaxing the parts or stimulating the uterus to increased action, and the desired effects are not being produced, we consider we are justified in using prompter means and by our timely assistance relieve the sufferer from her distress and danger and her offspring from an imminent death."

Collins, who was master of the Rotunda Hospital from 1826 to 1833, used the forceps once in six hundred and seven cases, with a maternal loss of one in three hundred and twenty-nine and a fetal loss of one in twenty-six. Johnson, in the same hospital, from 1868 to 1875 used the forceps once in every tenth case. Result—maternal loss, one in five hundred and two; fetal loss, one in thirty-five. Intermediate in time between Collins and Johnson, Ramsbotham used the forceps once in six hundred and seventy-one cases, but the result to mother and child Dr. Barnes, to whom I am indebted for these facts, does not state.

The above statements, although very brief, sufficiently illustrate for the purpose of this paper the wide difference in practice among men who recognized very nearly the same general indications for interference. "This," one writer states, "is a curious study, which, to a large extent, at least, is due to the fact that the forceps is not simply an operation of necessity, but that it is preëminently an operation of election." By the frequent use of the forceps dangers immediate and remote of waiting are avoided, and the individual and aggregate amount of suffering in actual pain is immensely curtailed.

I ask attention to some of the more practical questions connected with this subject. Deviating somewhat from the classification of Williams, obstetrical cases naturally divide themselves into three classes:

1. In which there is no risk to either mother or child. In this class the medical factor is pain, and we are only to decide how much the duration and severity of that pain ought to be

lessened. The question must be committed to the judgment and humanity of the practitioner.

2. This class involves danger to the child without unusual risk to the mother. It includes prolapsus of the cord and malpositions of the child in a mother in good health and in possession of a normal pelvis.

3. This class includes all cases involving danger, either directly or indirectly, to both mother and child. It comprehends *tedious labors*, with their accompanying exhaustion, and numerous other difficulties; narrow pelvis; deformed pelvis; oversized child; serious malpositions of child; placenta previa; eclampsia; and other grave complications which it is not now necessary to enumerate.

A moment's consideration of the questions presented in this classification is sufficient to impress the very grave responsibility the practitioner incurs who encounters one of them at the bedside. But in order not to occupy an unreasonable length of time, I shall speak only of three conditions presented in the third class; namely, ineffectual uterine contractions, oversized child, deformed pelvis. All of these complications sooner or later resolve themselves into one of the various forms of tedious labor. For practical purposes then we dispose of all of them when we carefully study the causes and treatment of tedious labors.

What constitutes a tedious labor? When may it be said of a labor that it has ceased to be natural and has become tedious or lingering? Williams says it becomes tedious or unnatural when protracted beyond a period consistent with the well-being of either mother or child or both.

The duration of labor in different women, or, for that matter, in the same woman, varies so much that it would be impossible to base a line of treatment upon the number of hours necessary to accomplish delivery. And some women have habitually a long labor, while with others it is habitually short. But both are natural; neither require interference. In each of these varieties the labor is not attended with exhaustion to the mother or danger to the child; the labor is merely a question of time.

There is a class of labors frequently met with in which the child is not unusually large, where there is no deformity of the pelvis, which are attended with a great deal of difficulty and suffering. In 1875 the late Dr. H. M. Pearce and myself were called to attend an Irish woman in her fourth confinement. We found the patient surrounded by squalid neighbors, from whom we learned she had been in labor continuously forty-eight hours. She had been attended by a physician of this city, since deceased, who had from time to time assured her that nature would be able to accomplish delivery. For some reason unknown to us, he deserted his patient a short time before our arrival. The woman was asking for drinks frequently, complaining of little if any pain, and with a very frequent and feeble pulse. The head of the dead fetus rested on the floor of the pelvis, and had been stationary, according to the statements of the nurse, for several hours. Whisky and milk were freely administered, and thirty minutes later delivery was effected by means of the short forceps. The patient died three hours later from exhaustion. This case illustrates in a striking manner that interference is not a question to be determined by hours, but by the strength and suffering of the patient. This woman had, without assistance, previously given birth to three living children, but nature failed to effect delivery in the fourth confinement. There was no mechanical difficulty to the termination of the case. The short, feeble pains rendered the labor so tedious that the patient became exhausted mentally and physically to so great an extent that she never rallied.

In another variety of tedious labors the patient has frequent violent pains, but the child makes no progress toward expulsion. The uterine contractions are irregular—sufficient to effect dilatation, but not sufficient to effect delivery. The patients that belong to this class are very often, in my experience, saturated with malaria, which, from its influence on labor, I believe to be a cause of much suffering. In 1879 I saw Mrs. B. K. during her first labor. An examination revealed nothing unnatural in the case, except that labor was complicated by an attack of in-

termittent fever. At the end of twelve hours dilatation was fair, though the head, which was in the first position, was above the superior strait. At times the pains were violent, though, as a rule, irregular in force, duration, and frequency. Six hours later the first stage of labor had been completed; but the head, which rested in the brim, had made but little if any progress toward the outlet. Squibb's fluid extract of ergotin in half-dram doses every hour did not improve the pains. Finally, after the labor had continued in this stage eight hours, I refused to remain longer unless allowed to interfere, when the patient became willing to receive assistance. Elliott's forceps were applied, and in three quarters of an hour a well-developed living female child was delivered. The patient made a good recovery.

We may now turn to another variety of tedious labor. Here too the pains are violent and continued, leading to fatigue and exhaustion; but the cause is quite different. In this class the child's head descends into the pelvis, but further progress is prevented by a narrow inelastic vagina or rigid perineum, or the head becomes stationary because the shoulders are unusually broad. Nature may effect delivery if the physician waits sufficiently long, but in so doing the patient is exposed to much needless suffering, if not danger, and in many instances to a tedious convalescence. Here it is plainly the duty of the physician to interfere with chloroform and the forceps. According to Williams, the most rapid and easy way of removing this rigidity is to chloroform freely, and then by firm pressure of the hand upon the perineum produce sufficient dilatation to avert the threatening rupture. Having removed this difficulty, and finding the labor still delayed, the remedy is simple, for there is no difficulty in applying the forceps when the child's head is in the cavity of the pelvis.

That oversize in the child is a not infrequent cause of tedious labor, is a fact borne out by the experience of almost every practitioner. A dead child may render labor tedious in the first stage, while an oversized child may and does often lead to tedious if not dangerous delays in the second stage. Cases

occur in which there is a mutual responsibility on the part of mother and child; the child being unusually large and the pelvis somewhat contracted; the result being tedious labor. The following case will serve to illustrate this variety of labor:

Mrs. F. W., an American, primipara, apparently twenty-eight years of age, below medium height, slender, anemic, nervous temperament, began to experience labor-pains about 4 P.M. I was called to see her four hours later. The vertex presented, and the position was R. O. A. The pains were vigorous and frequent. About 11 P.M. the amniotic fluid was discharged spontaneously during a pain. An examination revealed a well-dilated os having a soft, flaccid margin, and the head sticking in the brim. Four hours later the labor had made no progress, though the pains continued to return regularly and vigorously. Pulse 112, thirst, patient discouraged and exhausted. I advised the use of the forceps, and used the long forceps while the patient was in the dorsal position. The application was not attended with difficulty, and in three quarters of an hour a living male child was delivered. I removed the instrument as soon as the head began to press well against the floor of the pelvis, but nevertheless a slight laceration of the perineum. Three weeks later I found my patient had suffered a bilateral laceration of the cervix uteri, which, under the frequent application of hot water by means of Davidson's syringe, as advised by Emmet, was healed. Before completing my notes of this case for this paper I asked my patient, through her husband, to undergo a physical examination, in order to ascertain the final results of her accidents. She sent word that she was able to walk wherever she wished, as well as perform her household duties, without pain or inconvenience, and she did not care to comply with my request except for cause.

I was called about 4 P.M. to attend Mrs. C. H., a German, during her fourth confinement; is twenty-eight years old; below medium size and height; health poor, owing to chronic malarial poisoning. Her previous labors were all difficult and lingering,

and in the third she was obliged to discharge the midwife and call in a physician before labor could be terminated. She does not know whether the doctor turned the child or not. The vertex presented, the head being in the first position, and under vigorous pains the first stage of labor was completed at 10 P.M. Soon afterward the amniotic fluid was discharged, and a little later the pains grew less vigorous and regular. The head became stationary at the brim, only a segment of the cranium being in the pelvic cavity. Teaspoonful doses of Squibb's fluid extract ergot rendered the pains less effectual, if it affected them at all. At half past 1 o'clock A.M. my colleague Dr. Cady joined me in the care of the case. He advised the expectant plan of treatment, and suggested one grain and a half of denarcotized opium at once. At the end of two hours, the opiate having produced no perceptible effect, we decided to deliver by the forceps. About 5 A.M., after much difficulty, this was accomplished. The child—a large male at term—was dead. For five days after delivery the patient was unable to void urine except through a catheter. Twenty-four hours after delivery the urine contained blood, but from this time forward it was natural in appearance. Convalescence was rendered tedious because of malarial complications. I used carbolic acid and hot water freely—one part of the former to forty of the latter—in the vagina and uterine cavity three times daily. On the fifteenth day the patient suddenly discovered that she could not control her urine; it passed involuntarily. Without so much as a physical examination I ordered the hot water injections renewed, the nurse having discontinued them without permission. One week later the patient reported that she could retain her urine the usual length of time. She experienced no further trouble, but gradually recovered her usual health.

One can not, in the presence of a case belonging to this class, even at the beginning of the second stage, feel absolutely sure of his diagnosis. The obstruction to delivery sometimes encountered may, as I stated before, be due to slight pelvic contraction or to some excess in the size of the child. This class

of cases, according to Dr. Barnes, comes near the border-line of the dominion of the forceps.

Cases belonging to the third and last variety of tedious labors coming within the scope of this paper must be treated by one of three plans; namely, version, forceps, or the expectant plan. From this it will be seen that the deformed pelvis I shall consider is not contracted below a point where, under favorable circumstances, it is possible to deliver a living child through the natural passage.

Lusk (The Lancet, May 1, 1880, p. 677) states "that there does not appear to be any well-authenticated case of the delivery of a full-term living child through a deformed pelvis measuring less than two inches and three quarters in the conjugate diameter;" while Williams says "that the danger to the child increases rapidly as the conjugate diameter is reduced below three inches, and the point is soon reached where the danger extends to the mother as well as the child." In most of these cases of contracted pelvis the proper treatment would be the induction of premature labor between the thirty-second and thirty-fourth weeks of pregnancy. But the physician may not be called, especially in cases of primiparæ, until the end of gestation. Assuming, then, that the practitioner is summoned to the bedside of his patient in labor at full term, and a physical examination reveals a contracted pelvis at the brim, what shall he do? The question of waiting or of at once proceeding to version or the use of forceps is one that will always be decided largely by the requirements of the case and the individual experience of the practitioner. There is hardly a subject which has been the source of so much controversy as the best plan of treatment of this form of tedious labor. Time will not allow me to attempt a discussion of it. I therefore refer you to the recent writings, particularly of Barnes, Williams, Lusk, and others, for further light on the question. My own experience is contained in the record of the following case:

April 27, 1875, I was called to Mrs. T. P., Irish, thirty years of age—her first confinement. She was at full term, it was

thought, and up to the time of my arrival had been under the care of a midwife, from whom I learned that she had been suffering from feeble, irregular pains five days. The vertex presented, but the first stage of labor was not yet completed. My examination discovered that the promontory of the os sacrum was unusually prominent, but after due consideration I adopted the expectant plan, and ordered the attendant to give milk and whisky freely. At midnight the first stage of labor was completed, but the head refused to advance through the brim. I ruptured the membranes in the hope that less distension would improve the character of the uterine contractions. It did not do so, but the offensive odor that followed proved that the child had been dead many hours. I sent a messenger to procure the assistance of another physician, but he returned with a pair of short forceps only. I procured a pair of long forceps, and in time delivered a small dead male child. Under the care of the faithful midwife the patient made a fair recovery.

Although Mrs. P. was warned of danger, July 13, 1876, I was again called to see her at term in her second labor. I do not remember much about the first stage of labor, except that it was tedious. When the rupture of the membranes took place the odor characteristic of decomposition was present, as in the previous labor. The head passed down into the pelvis without delay, and soon cleared the outlet; but here the case ceased to make any progress. The cranial bones were not articulated, and on pressure moved about under the scalp freely. Neither Dr. Cady nor I possessed strength enough to deliver the fetus by traction, owing to the obstruction of the passage of the shoulders through the superior strait. As we could not dislodge the body, we decapitated and delivered by bringing down an arm. The patient made a good recovery, but perished in 1877 during or after her third confinement, the particulars of which labor I have not been able to learn.

In concluding this hurried review of very important questions allow me to add that the forceps, like other therapeutic agents possessing high powers, is in skillful hands capable of accom-

plishing great good; but if abused is powerful to produce injury or death; yet it does not follow because in unskillful hands patients are thus exposed that a policy of procrastination should be adopted. "The casuist may balance the degrees of culpability of the man who, seeking to help a woman, injures or destroys her, and of him who, trusting alone to hope, lets a woman sink into perilous exhaustion and death. The result to the victim is the same. And we, weighing the men in the scales of science, may see more hope for humanity in the enterprise of the man who acts than in the blind helplessness of him who does nothing. The first will improve; he may acquire judgment and skill; but for the man who is tied hand and mind to a policy of waiting there is no hope."

PUERPERAL EPILEPSY AND PROTRACTED GESTATION.

BY L. S. OPPENHEIMER, M.D.,

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Puerperal epilepsy seems to be rare, as the text-books to which I have had access give no distinct account of it. Some cases have, however, been reported in the medical periodicals as "puerperal eclampsia," which were evidently epileptic and not uremic in character. Whether or not gestation may be a cause of epilepsy, can be better discussed after a consideration of the following case:

Mrs. F., aged nineteen years; neither she nor her family present a history of nervous disorders of any character. Last menstruation March 10, 1879. Quickening distinctly felt during the last days of August. About the latter portion of November the patient became badly frightened by an accident, and a few moments after was seized with a convulsion. On December

13th, after laboring hard all day, another fit came on. (This was the two hundred and seventy-eighth day of pregnancy.) Uterine pains began after the fit passed away, and it was believed by the family and midwife that labor was coming on. Patient had two or three convulsions during the day. On December 15th the family, becoming alarmed at the convulsions and the supposed retarded labor, sent for me. I found the pains were not true labor-pains, the os not dilated, the urine without albumen and dark in color, no symptom of renal disturbance, and the patient very much exhausted. During my evening visit, without any perceptible provocation a severe epileptic fit came on and lasted about eight minutes. The tip of the tongue was considerably bitten, and the stupor following the fit lasted about an hour. That night fifteen-grain doses of chloral hydrate were given every three hours, and ten grains every four hours during the ensuing day.

No more convulsions until December 21st, when I was again called. This time I fully expected to find labor coming on, but I saw no evidence of it. The convulsions had begun to recur, but were of less severe type. Loss of sensibility was not complete, the appearance of reflex phenomena was prompt, and return to consciousness after the spasm was rapid. The fit was evidently hysterical. Chloral was administered in ten-grain doses every four hours for about a week. After the second day the fits ceased, and there has been no return of them up to date. One fact deserves to be added here: the uterine pains did not cease entirely from December 13th until labor had terminated (January 29th).

On January 26th Dr. M., to whom I intrusted the case, informed me that the membranes had ruptured that morning, but that the os was neither dilating nor dilatable, and the head of course making no progress. For the two succeeding days the patient had almost continual but wholly ineffectual pains. The os was dilatable; the child's head, which was very large and movable, was above the pelvic brim in the first position; the fontanelles very small.

On January 29th, no progress having been made, and the patient showing signs of exhaustion, Dr. M. administered chloroform, while I applied the Hodge forceps, and after about an hour's labor extracted a large female child weighing nine and three fourths pounds, somewhat asphyxiated, but rapidly recovering under the proper stimuli. The head of the child had been greatly compressed by the walls of the genital canal as well as by the forceps. Two days afterward the occipito-frontal diameter measured five and a half inches. The placenta was removed by Credé's method. No further complication arose.

Time between last menstruation (March 10, 1879) *and labor* (January 29, 1880), *three hundred and twenty-six days.*

The maternal surface of the placenta presented a number of yellowish spots, which proved to be superficial fibrous and fatty formations, and were probably due to circumscribed attempts at loosening during the latter months of pregnancy. Otherwise the secundines were normal and, so far as I could see, complete.

On the next day there was evidence of slight septicemia, which was checked by carbolized vaginal injections and large doses of quinine. Three weeks afterward slight uterine hemorrhage came on. A week after this a clot of good size was passed from the uterus, since which time mother and child have been in excellent health.

The writer has striven to record chronologically every noteworthy event in this case, and he thinks all necessary care has been exercised in the matter. The points brought forward are: 1. How long may utero-gestation be prolonged? 2. Can the state of pregnancy give rise to epilepsy? 3. Do epilepsy and hysteria occupy a direct relationship to one another? 4. Is the first stage of labor any contra-indication for the use of the forceps?

*How long may the term of utero-gestation be protracted?** This

*The average duration of pregnancy is fixed at about two hundred and eighty days, or nine calendar or ten lunar months, this being dated from the last menstruation. It may be safely said that every practitioner of experience has frequently seen

question has been so well answered by Dr. J. W. Underhill, of Cincinnati,* that I can not do better than quote from this practical author. "One difficulty," writes Dr. Underhill, "relates to the fact, now well established, that when fecundation takes place it does not always occur at the exact date of coition. Hours and even days may elapse before the spermatozoa come in contact with the ovum."† Sims discovered spermatozoa in the cervical canal six days after intercourse; Flint, jr., saw them in motion eight days after; and Percy discovered them alive in the mucus issuing from the os uteri eight days and a half after the last coitus.‡ Irregular menstruation is another element that may have to be considered when attempting to determine in a given case the duration of pregnancy. If, as sometimes happens, a woman ceases to menstruate a month or two before she becomes pregnant, the accoucheur may be led to the belief that she has been *enceinte* ten or eleven months. Sir James Simpson and Dr. Ashwell have each reported a case in which pregnancy terminated on the three hundredth day. Simpson also reports three cases in which he had good reason to believe that gestation was prolonged to three hundred and nineteen, three hundred and thirty-two, and three hundred and thirty-six days respectively. Meigs claimed to have had a case in his own practice where he was confident that four hundred and twenty days elapsed between conception and labor! Dr. James Reid, in a table of five hundred mature births, reports fourteen at from three hundred and two to three hundred and fifteen days.

In the American Journal of Obstetrics I find the following cases of prolonged gestation reported in the past two years by well-known practitioners: A case lasting three hundred and

cases that have gone from seven to fourteen days beyond this time, and many well-authenticated cases lasting over three hundred days are to be found in medical literature.

* The Female Generative Organs in their Medico-Legal Relations. Amer. Jour. of Obstet., January, 1879.

† Dr. G. W. Engelmann, of St. Louis, reports three cases (St. Louis Courier of Medicine, 1880) in which it seems probable that impemination and impregnation were almost simultaneous.

‡ Leishman's Midwifery, p. 178.

forty days, by Dr. W. M. Chamberlain, New York; a case lasting three hundred and forty-one days, by Dr. P. F. Mundé, for Dr. E. N. Lewis, of Carver, Minn.; a case lasting eleven months, by Dr. Thos. A. Emmet; a case lasting fifteen months, by Dr. W. W. Henderson, Cincinnati, O.; a case lasting three hundred and ten days, by Dr. J. J. Quinn, Cincinnati, O.

The case mentioned by Playfair in his Midwifery, occurring in his own practice, resembles my own in that the "false alarm" came on at what he supposed to be full term, and labor was not begun until about a month after.

Respecting the intra-uterine growth of the child after full term, much difference of opinion still exists. Dr. J. Matthews Duncan gives but little credence to supposed cases of protraction unless the size and weight of the child are above the average, believing that lengthened gestation must of necessity produce increased growth of the child. On the other hand, there are many who doubt this. For instance, the cases reported by Mundé and Chamberlain presented nothing whatever to suggest any extraordinary development except the partially ossified fontanelles. True, in Dr. Henderson's case the child weighed twelve pounds and three ounces; but in the case reported by Leishman the pregnancy from a single coitus to labor was two hundred and ninety-five days, yet the child weighed exactly the same—twelve pounds and three ounces. From my own case it would be impossible to decide this question. Newborn children with large heads and small fontanelles, and weighing ten pounds, are not very uncommon, as every accoucheur is aware. Thus it may be seen how difficult it is to determine this matter by any single case.

Can pregnancy give rise to epilepsy? Dr. Barnes some time ago advanced with much force the ingenious theory that "nature provides against the period of parturition a special supply of nerve-force; that this is associated with an increased irritability of the nervous centers; and that it implies a corresponding organic development of the spinal cord." We are thus led to understand how convulsive disorders are so liable to occur at

this time, and especially near the acme of gestation, when the spinal cord has reached its fullest development.

Physicians all know that hysteria is commonly due to uterine or ovarian irritation. Roberts, of Manchester, and others have described the disease in the male, and have proved its non-sexual character. Epilepsy, like hysteria, may be due to uterine or ovarian irritation; and at times the two forms of convulsion may be so merged into one another that a distinction between them is impossible. There must surely be some reason for this. In the case just reported it will be noticed that the epileptic convulsions were seemingly cured, but in a few days they returned in a modified form as hysterical spasms.

A brief study of the two diseases in asylums has impressed me with their intimate resemblance, and has prompted me to propose the name of *epileptoid* for the disease so erroneously called hysteria.

Dr. Gowers in a recent lecture* makes a distinction between these diseases that I consider highly favorable to the opinion just advanced. He says that "cases in which epileptic attacks are succeeded by 'coördinate convulsions' [by which is meant hysterical convulsions] *present distinct characteristics in age, sex, causation, and conditions* under which the fit occurs. In these respects they resemble the patients in whom such attacks of hysteroid character occur without any preceding epileptoid symptoms. These facts make it probable that there is in these epileptics, in addition to the instability of nerve-tissue which causes epilepsy, also the instability, *whatever it may be*, which gives rise to hysteroid attacks." The italics are my own.

Notwithstanding the capability of Dr. Gowers and his great opportunities for investigation, I would venture one addition to what he has said; that is, that cases of "coördinate convulsions" not infrequently occur which do not conform to the rule mentioned; they *do not* "present distinct characteristics in age," etc. These exceptions are to be found in males of all ages.

*Gulstonian Lectures on Epilepsy. The Lancet, April 3, 1880.

The power of uterine and ovarian troubles to produce epilepsy is now, I believe, an established fact. I will simply mention a few cases recently reported: Dr. J. H. Carstens, of Detroit, reports (Detroit Lancet, 1879) a case of menstrual epilepsy of eight months' duration, dependent on uterine stenosis, cured by dilatation of the internal os. Another case is reported in which epilepsy of twenty years' standing was cured by Braun by the removal of both ovaries. Dr. McCall Anderson, of Glasgow, reports a case of hystero-epilepsy due to disease of the left ovary. In Dr. Geo. W. Engelmann's monograph on The Hystero-Neuroses I find reported two cases of epilepsy due to amenorrhea and endo-cervitis, in both of which Dr. Engelmann effected complete cures by treating the uterine disorders.

The epilepsy of gestation is produced in the same manner as in the above—by the irritation of the genital system; and if this irritation can possibly be allayed by other remedies it is certainly better to give these a fair trial than to resort to premature delivery.

Are the forceps contra-indicated if the head be above the pelvic brim? There must, of course, be some restriction put upon the use of the forceps under the above-mentioned condition, and I am sure the rule laid down by Dr. Barnes, "that in proportion as the head is arrested high in the pelvis, in the brim or above the brim, the necessity, the utility, and the safety of the forceps become less apparent, and that increasing caution in determining on the use of the forceps and greater skill in carrying out the operation are called for," is correct. But in the case just reported I was forced to ask myself the question propounded by Dr. Isaac E. Taylor for these unfortunate patients, "When is nature to cease pegging away?" and after two days' meditation my forceps solved the problem, and to my entire satisfaction.

Another case demonstrating the use of the forceps in the first stage of labor I saw in May, 1878, with Drs. E. D. Foree and R. C. Hewitt, of Louisville. The patient, aged forty-one, was pregnant for the first time, and the head of the child very large. Dr. Foree applied the forceps when the head was fast in the pel-

vic brim. The compression made by the instrument was almost as decided as in the case reported. There was no after-trouble whatever.

It will be remarked that such cases as I have cited have been recorded within the last three years. The deductions formulated from them are:

1. That gestation may be prolonged to three hundred and twenty-six days and longer.

2. Epilepsy may be produced by the pregnancy.

3. Hysterical convulsions differ from epileptic convulsions only in degree, and should therefore be termed *epileptoid* convulsions.

4. The first stage of labor may continue for several days without being necessarily detrimental to mother or child.

5. The forceps may be applied to the child's head at any time when there is a probability that it will result in good to the mother and child.

6. The first stage of labor is no contra-indication to the use of the forceps.

SEYMOUR, IND.

LOCAL TREATMENT IN CASE OF ENDOMETRITIS.*

BY S. S. BOYD, M.D.

In no department of medicine has greater advancement been made in the last twenty-five years than in gynecology, nor has there been greater progress in the treatment of any of the diseases of women than in that of those maladies affecting the interior of the uterus. Forty years ago we were taught that leucorrhea included nearly all internal uterine diseases characterized by mucous or muco-purulent discharge. In our day Dr. Thomas, in his treatise upon diseases of women, apologizes for

*Read before the Wayne County Medical Society.

considering the subject at all, and further remarks, "I feel very sure that the writer of fifty years hence will omit the separate consideration of this symptom entirely." And yet he states that "this uterine discharge is so common that there is perhaps not an old woman to be found who has not at some time in her life suffered from so-called leucorrhea."

This flow is of course only a symptom of disease, as the discharge from the nares or from the lungs is a symptom of disease in one or other of those organs — nasal catarrh or bronchitis. They are alike inflammations, and are treated accordingly. When we find a discharge of a similar character from the uterus we have inflammation of that organ also, and we should treat it as such.

As nasal catarrh may sometimes be relieved by constitutional remedies only, so in former times did Drs. Dewees and Meigs sometimes succeed in relieving patients suffering with leucorrhea. But even they, no doubt, often failed, as we would in our day if we were to adopt the same pathology and treatment in what our advanced knowledge terms endometritis. Most physicians of thirty years' practice can recall more than one case of old-time leucorrhea in which they utterly failed to afford relief to their long-suffering patients. With our present knowledge even we sometimes find cases that try our skill and the patience of our clients.

Within three years I successfully treated, by a method original with me, a very obstinate endometritis occurring in a woman twenty-five years of age who had been married five years. During all of her married life until recently she suffered from a constant flow of muco-purulent discharge from the uterus, with all the attendant symptoms of endometritis. Much of the time she was scarcely able to walk about the house. During the two and a half years which I treated this patient I exhausted all of what I considered safe remedies, both topical and general, with but little benefit. Finally I adopted the following plan of applying nitrate of silver to the endometrism:

Taking a small female silver catheter, I had it cut in two so

as to leave three inches of the closed end in one piece. In three fourths of an inch of this closed end I had as many small perforations made as could be without materially weakening the walls of the instrument, and to the outside of the open end a ring was soldered, to which a small cord could be attached. Having on the day previous to that on which I used this instrument introduced into the uterus a slippery-elm tent, retaining it in place by a pledget of cotton wool, I let the tent remain over night. Putting about fifteen grains of coarsely-pulverized nitrate of silver in the tube above described, and confining it there by pressing a little cotton on it, I then tied a small cord six inches long to the rim, when it was ready for use. Removing the plug and the tent after introducing the speculum, I inserted the silver tube into the uterus until the distal end reached the fundus, securing in place, as I did, the elm tent, leaving one end of the cord outside the vagina. This was done as a precaution against any serious pain in my absence, in which case the patient could remove the tube. But it was not found necessary to remove the instrument for three or four hours, and then the nitrate of silver was dissolved.

Briefly, the foregoing treatment was that which finally relieved a long-suffering patient in less than six weeks by four applications one week apart. Of course I did not neglect to administer iron, sul. quinia, ale, and ext. malt, as I consider constitutional medication in such cases essential to the relief of the local disease.

As this mode of topical application to the internal uterus was tried in but a single instance, no certain deduction can be drawn as to its general adaptation to the cure of endometritis, and yet from its complete and speedy success in this single case I am led to hope it may prove a valuable addition to the local treatment of this form of uterine disease. It certainly has the advantage over the usual modes of applying nitrate of silver or other remedies in the solid form directly to the internal surface of the uterus that it accomplishes the same aim of a concentrated form of medication; and the tube, acting as a plug, re-

tains the medicine until it finds its way into all the irregularities of the cavity; and that the patient can remove the instrument on the first manifestation of serious pain. And as one case of uterine colic caused by injecting fluids into the uterine cavity generally satisfies any physician with that mode of treatment, I ask an impartial trial of this little tube by the profession.

DUBLIN, IND.

FOREIGN CORRESPONDENCE.

My Dear Yandell: LONDON, August 7, 1880.

Your much-valued and distinguished correspondent has asked me to take his place in your journal. This is an honor I am proud to accept; at the same time I feel it will be quite impossible to reach his standard of literary excellence. His pen is that of a ready writer, and the matter which he imparts is selected with the tact and skill of an accomplished physician. I must therefore ask you, my dear Yandell, and your generous readers, not to be too critical of the style and material of the new "special;" indeed I should not have been tempted by the offer to do the work had I not felt a strong wish to serve you personally and a sincere trust in your forbearance.

Now is the hour of our departure drawing nigh. The first word in every one's mouth is, Where are you going this summer? The great medical exodus begins, all the schools are closed for the long vacation, and the men of light and leading in our profession flee hither and thither in search of renewed health and vigor with which to combat the daily toil of another winter session. Yet all the work of the medical year is not over. Next week begins the annual meeting of the British Medical Association at Cambridge. It is unfortunate the meeting is so late in the month, as it will act prejudicially in various ways. Some of the men who ought to be there will have lost patience

and rushed by fast trains to the center of Europe, while those who are there will have their tempers soured by the thought that they might have been passing their time in ease and freedom in some sequestered spot far from the busy haunts of men, instead of waiting their turn at some sectional meeting or being excited by the stupidity of their opponents in some momentous discussion. In spite of this drawback I hear that the meeting will be a great success both in point of numbers and in the character of the work. The programme is certainly a complete one; I had almost said, too complete; for it seems to me that it is absolutely impossible for the work on the list to be got through in four brief days. Some must be disappointed. In my next letter I hope to give you some account of the meeting.

Next year the International Medical Congress is to be held in London. The names of the officers and committee have just been published, and, as is natural, they have been reviewed and discussed much in medical circles. Every one, both in the old and in the new world, will be delighted at the selection of the president. Sir James Paget is respected, I might say beloved, wherever the science of medicine has taken root. We, as Englishmen, are more than pleased that he has been chosen to offer hospitality and the right hand of fellowship and good will to our foreign confrères. The high position he holds in the profession, his gentleness of manner and purity of character, will in itself go far to assure the genuine success of the meeting. The committee must have found it no light task to select officers out of the enormous number of suitable men to be found in each branch. In fact a complete list of representative men could be made many times over without the repetition of a single name. It is natural that some should feel hurt at the selections made, and feel that their claims have been overlooked, but I will do my countrymen the justice to say that, as the time of the meeting draws nigh, each will forget his individual interests and strive only to outdo the others in giving a hearty welcome to our illustrious guests.

For some days past the whole country, from the queen on

the throne to the humblest newsboy on the streets, has been thrown into a state of deep anxiety by the sudden and serious illness of the premier. As I write I am glad to say Mr. Gladstone is better; the temperature has fallen to normal, and the mischief which was present in the left lung has quite disappeared. I must not here discourse on his political virtues; but surely we may pause for a moment and contemplate the marvelous constitution and physique of the man who, having passed the allotted span of life, is still in harness and doing ten times as much work as most men at forty.

We have, as doubtless your readers are aware, a law compelling every parent to have his child vaccinated within three months of its birth, under certain penalties which are cumulative in their effects. Thus a fine is inflicted for omission to vaccinate, and refusal to pay is treated a contempt of court which is visited with imprisonment. After a fair interval to give opportunity for conforming to the law the fine is repeated, and so on indefinitely. A bill is now pending in the House of Commons whereby the president of the Local Government Board, Mr. Dodson, seeks to substitute a single fine once and for all as to the penalty for nonconformity in this respect. This proposition is, however, viewed with disfavor by the profession, who consider it inconsistent; and so it is. For if vaccination be necessary to the common weal it should for that very reason be compulsory, and not merely the reverse of an armorial bearing (forgive the seeming jest) to be paid for by those who do not wear it. A most influential deputation waited on Mr. Dodson to urge him not to proceed with this bill. The deputation included such names as Sir Thomas Watson, Drs. Quain, Ord, Broadbent, Farquharson, M. P., Playfair, Bartolomé, Habershon, Messrs. Ernest Hart, Çeely, Erasmus Wilson, and many others equally well known. Mr. Hastings, M. P., who introduced the deputation, said in the course of his remarks, "Under our sanitary acts there was a provision that every householder should be compelled, on a requisition from the lawful authority, to connect the drains of his house with the sewer, and if he failed to do so he

would be brought before a magistrate and fined severely. It could not be that a man by paying a single fine should be allowed to place his house in an unsanitary state and thereby perhaps breed fever in the locality. They saw that one unvaccinated child was not only unprotected from the contagion and in danger to itself, but it was also a source of danger to other people, and likely to lead to a considerable outburst of the disease smallpox.

Mr. Ernest Hart, chairman of the Parliamentary Bills Committee, read several letters from men of eminence. Sir George Burrows wrote, "I much regret I can not attend the deputation to the President of the Local Government Board. My strongest feelings and convictions go in accord with the deputation, and I can hardly suppose the government can persist in such an ill-advised measure, which in my opinion is fraught with serious future mischief to the nation." Sir William Jenner also wrote, "I regret extremely that I can not attend on the 26th. The bill is so absurd that I can scarcely conceive it will become law. Instead of a fine of twenty shillings, if Mr. Dodson determines to carry his measure, would it not be better that any one should have a license from the Inland Revenue Office to go unvaccinated? Then one could get a license at the same time that one gets licenses for dogs, horses, etc. This certainly would be more simple, and would in time prove a source of revenue to the state. Licenses also might be granted for a suitable sum for drunkenness, and then people would not be fined as often as they now are—five shillings, I think. If a man paid twenty shillings at the beginning of the year he would have a season-ticket for drunkenness and a season-ticket for spreading smallpox. In short, Mr. Dodson would make it a tax and not a penalty; and if the House of Commons lends its countenance to his scheme vaccination will become a luxury and not the necessity that medical science and public opinion have long ago pronounced it.

Meanwhile far more pressing questions are forcing their claims upon the small remnant of the session which may or may not survive the massacre of the grouse. All will depend on the pre-

mier's condition of health. How seldom has the fate of ground game been so intimately associated with political history.

Sir William Gull has just given us an opinion (in which twelve of his fellow-countrymen refused to join him) that an hour and a half in a cold bath, if not beneficial to a phthisical patient, had no injurious influence to speak of, and did not in any way hasten the death that soon followed upon it. The case occurred at Guy's, and the sentence upon the verdict of manslaughter which the jury found has yet to be delivered. But it is at least interesting to note how widely common sense can at times differ with such an eminent authority as even Sir William Gull. Much as we regret the untimely death of this poor patient, yet the fact will be of the greatest value in drawing public attention to the internal arrangements at Guy's. The nursing story is too well known for me to repeat it; but if there are any who believe the doctors to be wrong, surely this case will open their eyes. What right have nurses to act on their own responsibility? To dare to give a bath is a serious matter, and no nurse ought to be allowed to do it without medical authority. Not so at Guy's. The nurses are under the authority of the matron, and the physicians and surgeons have practically no supervision over them. It is barely possible that outsiders can believe that such exists, and in one of the noblest of our London hospitals.

You must excuse a longer letter this month, as I have much to do before leaving town for Cambridge.

Reviews.

Transactions of the Indiana State Medical Society for 1880. Indianapolis: Carlon & Hollenbeck, Printers and Binders.

Thirty-one annual sessions have been held by the Indiana State Medical Society; but in 1867 it was reorganized on a representative basis, its voting members being delegates from the county societies, though all members of county societies are members of the state society, and may participate in its scientific exercises. The volume under notice is the thirteenth since the reorganization of the society, and is the fruit of two days' very active business done on the 18th and 19th of May, 1880, at Indianapolis. The book is a handsome octavo volume of three hundred and sixty-two pages, neatly bound, and printed on tinted paper, and was published on the 15th of July, less than two months after the session closed—a degree of promptness quite refreshing after one's experience with the tardiness of other medical organizations which require from three to twelve months to publish their volumes of transactions. The style of this issue and the speed with which it was completed are doubtlessly due to the taste and energy of Dr. Allison Maxwell, the chairman of the publishing committee.

One bad rule was adopted by the society on the report of a committee to whom were referred certain suggestions of the president officially made for consideration, which was that all the officers elect should assume their functions at the close of the session that elects them. This of course takes the business out of the hands of the secretary who has recorded the proceedings of the session immediately at its close, and places his papers in the hands of the secretary newly elected, who knows nothing of the facts that are always required to fill in and straighten out the record for publication. A change of this kind made this

year may account for several omissions and inaccuracies that have been found in the minutes of the transactions in this volume.

Another change was made on the report of the same committee; namely, hereafter to have the annual sessions of the society extend over three days instead of two as heretofore. This will probably be a popular measure among the members at first, but it is not impossible that it will result in having a more irregular and scattered attendance, and something of relaxation in the energy of preparation and presentation of papers. If we desire the best influence of such gatherings of doctors we must keep them sharply engaged and have no prospect of leisure nor hope of superfluous time. Two days of brisk, bright work is better than three days of lackadaisical labor.

An unusual amount of business was transacted in the two days' meetings, and much of the success was due to the management of the committee of arrangements, of which Dr. E. S. Elder was chairman. This committee not only prepared the programme of business, but made special terms with railroads and hotels for members of the society. An intelligent and energetic committee of arrangements is a good thing for a state medical society to have.

There was a very large attendance during the entire session, perhaps the largest ever met with; but there is nothing in the minutes by which one can estimate the true number.

The financial condition of the society is sound, and by every token it is full of present productive vitality and promise of future good deeds.

Officers elect: President, Thomas B. Harvey, M.D.; Vice-president, John D. Mitchell, M.D.; Secretary, E. S. Elder, M.D.; Assistant Secretary, G. W. Burton, M.D.; Treasurer, G. W. H. Kemper, M.D.; Librarian, F. J. Van Vorhis, M.D.

Address of the President: Problems in Relation to the Prevention of Disease, by J. R. Weist, A.M., M.D., Richmond, Ind.

President Weist has given careful thought, guided by a dis-

criminating judgment, to the matter of his address, and himself is honored, and the members of the state society and others who heard or read it will be bettered by the intelligence it contains and conveys. The medical profession is being stirred to its profoundest depths on the subject of preventive medicine; but nevertheless it is not being too much agitated in that direction, for if it be useful and honorable to cure disease it is thrice meritorious and illustrious to prevent it. Dr. Weist draws, in elucidation, from history, ancient and modern; treats his theme in its scientific, social, and economic relations, presenting old ideas in new lights, and opening new views to those who have not made the subject a special study in its multiple ramifications. The society evinced its appreciation of the merits of the paper by ordering twelve thousand extra copies for gratuitous distribution — an appropriate compliment to the author, but perhaps not the wisest expenditure of money by the society for awakening the profession or enlightening the people.

The Icteric Form of Pernicious Fever, by Wm. R. McMahan, M.D., Huntingburgh, Ind.

This is a narrative of three cases of disease which the author names as above, with reflections. It reads as if the narrator had a special line of thought in his mind, and he runs the narrative unconsciously in that line. One does not get a clear idea of his cases. His third case lived sixty hours. At the doctor's first visit—say eighteen hours after the attack began—"I gave him calomel gram .78, and ordered him to be given quinia gram .78 every hour until five doses were taken, and then sulphate of cinchonidia gram .78 every two hours; also to use it hypodermically, incorporated with lard, over chest, arms, etc.; counter-irritation over epigastric region and cold applications to his head; milk and animal broths to be given after each act of vomiting." This was twelve grains calomel, sixty grains quinia, and one hundred and eight grains cinchonidia internally, and its indefinite dermic inunction, indefinite counter-irritation, indefinite caput cold, and indefinite milk and animal broth, all in twenty-four hours; and yet the author in his closing paragraph

insists on more active treatment for these cases. At the doctor's visit next day this patient was worse—profoundly cinchonized. The doctor ordered the continuance of the quinia, though none had been directed after the first five hours; discontinued the digitalis, though none had been given; "ordered brandy and ammonia alternately every hour" in indefinite quantities; "his entire body to be sponged every four hours with tepid water rendered slightly alkaline by the addition of bicarbonate of soda." The patient died that night comatose, after vomiting "an unusual amount of dark, offensive bile." Dr. McM. can not be classed as a disciple of the expectant school of medicine.

Kakonemia or Pernicious Anemia, by S. C. Wedington, M.D., Jonesboro, Ind.

Dr. W. suggests kakonemia—bad blood—for a form of disease sometimes known as leukemia and by other names. He thinks bad blood comes of the imperfect vitality of the blood itself, and is not due to the imperfection of any solid tissue, the disordered spleen, lymphatic glands, marrow of the bones, etc. found therewith being coincidences, not causes. May not the recent investigations pointing to the marrow of the bones as the source of new blood corpuscles have some interest in connection with the changes in this situation found in some cases of fatal kakonemia? Dr. W. reports seven cases of his own and others, with two recoveries and five deaths; no settled treatment.

Case of Anomalous Growth on the Brain, by J. C. Walker, M.D., Indianapolis, Ind.

This was a case of sero-sanguineous cyst on the upper front of the left hemisphere—unique, so far as the doctor's investigation had advised him. It weighed 1.32 grams, and measured fourteen and a half by six and a half by three and three fourths centimeters. The patient, aged fifty-nine years, was ill a month, the only continuous symptom being mental derangement, increasing from day to day. He died comatose. Dr. W. thinks the tumor has been forming for forty-seven years, and was not a causal factor in the death of the patient. Most readers will agree with the reporter of the case that it teaches an important

lesson, but many will disagree with him in the nature of that lesson.

A Case of Arsenical Poisoning, by A. G. Preston, M.D., Greencastle, Ind.

A lady swallowed 0.78 gram arsenic, and fifteen minutes after ate a hearty dinner; in fifty-five minutes more had violent pains and cramping. A brisk emetic was given; then one hundred and twenty-four grams dialyzed iron in, say, averaging ten-grain doses—time not specified—without relief; then forty-seven grams hydrated peroxide of iron, with relief in thirty minutes.

Empyema—Report of a Case, by A. A. Hamilton, M.D., Marion, Ind.

A stout boy aged eighteen years had been mistreated for two months under a wrong diagnosis. Dr. H. was called, diagnosed empyema, made a free incision in a soft tumor between the third and fourth ribs near the sternum, liberating over six liters of pus, and the opening continued to discharge for several months; but at the end of seven months the patient was entirely restored, his weight having increased from ninety pounds to sixty-four kilograms. The paper is a good presentation of the reigning views of pyothorax.

Gall-stones, by C. B. Stemen, M.D., Ft. Wayne, Ind.

Two cases that the doctor treated alone were relieved in the acute stage, and the tendency to recur apparently broken up. In each of two other cases, seen in consultation, the gall-bladder ruptured, discharging its contents into the peritoneal sac, followed by speedy death.

Ergot—Its Use and Abuse, by William Commons, M.D., Union City, Ind.

This essay is written in that kind of faith that moves mountains—of logic, certainly. The author's education was Janus-faced, one teacher inculcating admiration for ergot as a good medicine, another teacher insisting that it was without therapeutic value. When Dr. C. began practice he administered the drug somewhat recklessly, but after destroying one or more young lives with it he gave its qualities special consideration,

and now twelve years of clinical observation has brought a degree of exact knowledge that is truly surprising. Ergot's "action is to cause the *contraction of circular muscular fiber and a diminution of the caliber of tubercular structures.*" "Its action is *prompt, uniform, and specific.* Its effects can often be noticed within five or six minutes after injection." It works wonders on the vascular system, and is a catholicon in certain blood disorders. For instance: "A little girl four years old was attacked with purpura. When first seen she had vomited and purged blood; purpuric spots all over her body; and she was bleeding from the gums and from the nostrils profusely. I gave five grams of fluid extract of ergot, and in fifteen minutes the hemorrhage was seemingly lessened. The dose was repeated, and in another quarter of an hour the bleeding was visibly checked. I now gave four grams more, which completely arrested the hemorrhage, and the child made a good recovery." Fourteen grams of fluid extract of ergot given to a child four years old in half an hour ought to have some effect, if the drug were good and possessed of any virtues. In this instance the result was charming, though the precise *modus operandi* of the ergot is not revealed. Ergot is also excellent in hydrocele, of great advantage in hydrocephalus, and highly satisfactory in hemorrhoids.

Our author decides that its action on the uterus has not been understood. It is not a parturient. "It will not originate labor-pains, nor will it in any way facilitate delivery; but by its peculiar action on circular muscular fibers it may interfere with both of these." This result is clearly understandable after leaving our essayist's anatomy of the uterus. He says the unimpregnated womb has its circular fibers spread over its lower third and around its neck. In its pregnant development "the oblique and longitudinal fibers of the cervix enter into the composition of the body of the uterus, whereby the circular fibers by which the neck is surrounded are rolled back, slid off, and placed in a relatively new position, forming a sphincter or *constrictor oris uteri.*" "Now if at any time during labor a dose of ergot is administered its effect will be to produce tonic contraction of

this circular muscle, and instead of expediting the process will retard it." One sees it now. In illustration a case is given where a labor was progressing nicely when an ignorant attending doctor, wishing to make a good thing better, gave ergot and produced a "panicky" condition of the womb. When Dr. C. saw the patient she was saturated with ergot; it was "running from her mouth down on the pillows." The head of the fetus had been presenting at the vulva for six hours, where it was held by a tonic spasm of this circular muscular band, produced by the ergot. He gave quinia, "and in fifteen minutes there was a slight bearing-down effort, soon followed by another of increased vigor, and then a prolonged and powerful action, which expelled the child and all its appendages from the womb, something like the exit of a wad from a popgun." Those familiar with popguns will have insight into the influence on the womb of ergot when supplemented by quinia.

Still another instance of the author's views illustrated by experience. "The heart is a contractile organ, well supplied with circular and oblique muscular fibers, and here as elsewhere they are subject to the specific action of ergot, and dangerous spasmodic contraction may be caused by its use." Proof: A woman twenty-one years old, three months pregnant, had the membranes punctured by a midwife. Symptoms of abortion occurred next day, and the midwife gave her ninety-three grams of fluid extract of ergot and an infusion of thirty-two grams solid ergot, all within twelve hours, at the end of which time the patient smelt bad and died of "spasmodic contraction of the heart." But even a small doubting Thomas would desire some evidence of the fatal cardiac spasm.

Human Longevity, by W. S. Hammond, M.D., Indianapolis, Indiana.

Dr. Hammond has presented a carefully-prepared paper on longevity of the human race, including some original inquiries of American life insurance companies. The result of his investigations is that the statements of human lives continued far beyond one hundred years are unreliable, including the two

most famous examples, Henry Jenkins and Thomas Parr. The sources of error leading to wrong estimates of old age are pointed out, and scientific reasons submitted why one hundred and six years is the greatest well-authenticated age of an individual since the Christian era, and why one hundred years must be held the limit of human life. Philosophical rules to attain high age are intelligently presented.

Tumors of the Anterior Wall of the Vagina, by Joseph R. Beck, M.D., Ft. Wayne, Ind.

Two fatal cases of malignant disease beginning in the anterior wall of the vagina are well presented in this paper. In one the disease was confined to the vagina, the patient having been exhausted by hemorrhage from the tumor; in the other the structural alterations involved the uterus, colon, rectum, and bladder.

A Case of Ovariotomy with Recovery, by William Lomax, M.D., Marion, Ind.

This may be characterized as a case of many hairbreadth escapes with a final triumph. It is reported with a particularity that in some places amounts to tediousness. The patient was forty-six years of age. A preparatory treatment was necessary to overcome tympanitic bowels. The incision was carried from the pubes to the ensiform cartilage. Ether did not control restlessness during the operation; chloroform was added; respiration and circulation became alarming; operation suspended; brandy injected hypodermically and the head depressed; revived, and the operation completed; indescribable distress followed; was narcotized with morphia. Next morning vagrant neuralgia became intolerable, seemingly disconnected from surgical wound; much vomiting; cold extremities; pale, faint, and thirsty; urine suppressed; brown, offensive sordes and annoying hiccough; bowels distended with gas; simulated after-pains so severe as to destroy all self-control, the patient throwing herself from side to side; free discharge from wound of bloody, offensive serum; prostration extreme and muttering delirium. Seventy-eight centigrams of chloral induced sleep, but by mistake two other doses were speedily given, producing narcotism, from which she could

not be aroused. Artificial respiration maintained for seven hours, and in nine hours danger from this source disappeared, and in the evening of the day after the operation she became conscious. Next day two worms migrated from her stomach to her fauces and were removed. She was prostrated, her bowels tympanitic, but her stomach not so irritable. For two weeks she suffered from retained urine, offensive involuntary discharges from her bowels, and some mental aberration; then a change for the better came, and she had a good and speedy recovery.

Diseases of the Cervix Uteri, by James Lamb, M.D., Aurora, Indiana.

Dr. Lamb enters into a temperate review of the many pathological conditions the neck of the womb is liable to, and notices with more particularity the symptoms and treatment of its abrasions and ruptures. His local treatment may be esteemed conservative, as a rule favoring mild management of abrasions; but when indications demand he resorts to even fuming nitric acid, in which he has much faith—the fruit of clinical success. The essayist is of the opinion that Emmet overestimates the seriousness of rupture of the cervix, and that he largely overrates the necessity for operative interference in such cases.

A Case of Umbilical Hernia, by A. A. Hamilton, Marion, Ind.

A female child was born with a defect in the abdominal wall at the umbilicus nine centimeters in diameter, through which a solid tumor protruded covered by thin epithelial tissue. On the twenty-seventh day the child died in convulsions, and a post-mortem examination revealed the contents of the sac to be the liver.

Injury of the Head, with Fracture of the Skull, by William Lomax, M.D., Marion, Ind.

A young lady was thrown from a buggy, "inflicting severe contusion of the soft tissues just above the right brow, with fracture and slight depression of a fragment of bone beneath." This is the text for a very neat medical sermon by Dr. Lomax. The symptoms—some of which were serious—are very clearly set forth and the treatment stated with perspicacity. The whole

essay may be regarded in the light of an instructive clinical lecture, very pleasing to students and young practitioners, and not unattractive to doctors some years in professional honors. Perhaps a disciple of the so-called rational theories of medicine might take some exceptions to the author's conviction that all the good results experienced were due to the medicines used and the management carried out, and might have at least a shadow of doubt about the absolute perfection of all the theoretical deductions promulgated in the lecture.

Expert Evidence—What it is, by F. J. Van Vorhis, M.D., B.L., Indianapolis, Ind.

Much feeling has been manifested in Indiana recently, both inside the medical fraternity and outside of it, concerning the status of expert witnesses before our judicial tribunals; but the last legislature made a summary disposition of the affair by a proviso in an act concerning witnesses which places the expert on the same plane as other witnesses, compelling him to attend court and answer all questions, whether of fact or opinion, in the same manner and for the same fees as ordinary witnesses. This does not, however, lessen the need of inquiring what expert testimony is, nor detract from the interest we have in the answer.

Dr. Van Vorhis reviews the decisions of English and American courts, and after considering the question in its scientific bearings has this paragraph: "Definitions are not easily constructed, I know; but in the light of the above cases expert evidence I think may be defined to be the expressed opinion of a witness, regarded by the court as competent to express an opinion and permitted so to do, concerning the conclusion or conclusions to be drawn from facts shown to the court or jury." This makes a clear distinction between a fact that an expert may have knowledge of and an opinion he may have formed from facts presented, but it makes no distinction between a fact that he may have observed as any other citizen might do and a fact that he knows by virtue of his special education. For example: In the case of much interest to Indianians of Dr. Buchman, of

Fort Wayne, the question was this, "State to the jury whether or not in female menstruation there is sometimes a partial return of the menses after the main flow has ceased." Now this was a question of fact only, not an opinion—one, to be sure, the doctor knew by virtue of his medical education, but one which every adult woman in the state knew from experience and many married men knew from association. The answer therefore could not be expert testimony. But another question might be asked thus, "Suppose the usual menstrual flux of a woman to continue two days, then a suspension for one day, and this followed by the flow again for one day; would coition on the day of suspension be more or less likely to be fruitful than on the tenth day after the flow had ceased?" The correct answer to this question would be expert testimony; it involves a knowledge of the physiology of generation acquired only by special study.

Dr. Van Vorhis's essay must be esteemed a valuable contribution toward fixing true ideas among doctors of what expert testimony is.

Harmony and Associated Action in Connection with State Medicine, by J. D. Gatch, M.D., Lawrenceburg, Ind.

Dr. Gatch sets forth a sort of abstract proposition that professional harmony and united action in efforts to secure agreeable legislation respecting state medicine would be a good thing, to which all persons say amen; and he proves his position by the draining of Haarlem Lake in Holland; but one must read his paper to see the point.

Some of the Unsolved Problems of Public Hygiene and Syntetic Jurisprudence, by J. W. Hervey, M.D., Indianapolis, Ind.

Three leading problems are presented under this ponderous title:

1. The question of public health legislation. No one must expect perfect legislation nor such as will cover the whole ground in the beginning. Give the present State Health Commission legal authority to do certain things as a start in the right direction, and enlarge its powers as experience and the education of the people will justify.

2. "*A healthful water-supply.*" This must be found in rain-water properly gathered, purified, and preserved.

3. "*How shall the evil results of hereditary transmission of disease, deformity, mental and moral decrepitude, and evil tendencies of character and disposition be disposed of by public health associations?*" This is to be accomplished by educating the people up to such a degree of self-abnegation that every physically or mentally imperfect person will refuse, early and always, to marry; and if passion in such an one should overcome discretion, and a willingness to marry be manifested, no sound person would respond, and public opinion would squelch all advances from unsound ones; and as a final measure for human perfection the social organization should establish and maintain a sort of imperial matrimonial bureau, which should ascertain and measure and weigh the temper and temperament of all people of both sexes, and mate in marriage those exactly suited to each other.

Women Physicians in Hospitals for the Insane, by Mary F. Thomas, M.D., Richmond, Ind.

There is much propriety in discussing at proper times and in proper places the status of women as physicians. The time and place were both appropriate when Dr. Thomas read her essay, but the spirit of her paper will not meet with universal approval. She apparently proceeds on the assumption that the statutes of the state need revision or enlargement in order that female M.D.s may have proper recognition in the management of insane women under state care, and the essay closes with a request that a committee of the state society be appointed to urge the legislature to make the requisite statutory enlargement. Perhaps this assumption may be correct, but it does not accord with the statement, made elsewhere in the essay, that last year a lady doctor made application for the position of assistant physician in the Indiana Hospital for the Insane, and was refused because she was not old and experienced, and not because she was a woman, as would have been the case had the law so declared. In examining the law governing the hospital one finds no clause forbidding the engagement of female physicians, and it is fair to

suppose the author was aware of this, and that her purpose was not so much to have a law to enable the authorities to appoint a female assistant physician as to compel them to do so if they found one qualified. This would be wrong, because founded on the declared conviction of the author that a woman doctor, simply because she is a woman, knows more concerning the diseases of her sex than a man doctor can know. This is a grave error, and one that will prove a stumbling-block to the advancement of women as physicians in public institutions as long as it is asserted as positively as in the paper under notice. Women as doctors must claim preferment upon their merits, not upon their sex. If their sex be a hindrance to their usefulness in public situations they must accept the incumbrance as one imposed by nature.

Sanitary Survey of Indianapolis, by Thad. M. Stevens, M.D., Indianapolis, Ind.

Topography and Surface-geology, Water-supply, Disposal of Excreta, Cellar- and Yard-filth, etc. are the topics discussed by Dr. Stevens. Touching the surface-geology under the city of Indianapolis, he says the first bed of impervious blue clay is found six to twelve feet below the surface, and under a bed of gravel. Under this blue clay is another deposit of gravel, and under this another stratum of blue clay forty feet from the surface, then more gravel, and at the depth of from seventy-five to ninety feet Niagara limestone. The water in all these formations flows lazily from the northeast to the southwest. The first gravel-bed receives all the filth of the surface and cesspools and the excreta from privies, and is a sort of a universal sewer under the city, and the wells sunk into it contain really dilute sewage. But our author says wells sunk into the lowest deposit of gravel above the limestone secure pure water. Possibly. But suppose all the factors of this statement of the geology to be correct, and a well is sunk through the first and second gravel deposits and into the third for pure water; this of course opens the blue clay in both strata, and must necessarily let the sewage of the upper gravel-bed drain into the well, however deep, and

make the water thereof about as impure as if taken from the upper deposit direct. If all the conclusions of the essay are as faulty as this concerning the pure water of the deep wells it will not do to accept the author's teachings with an unquestioning faith. In truth, there is much positive assertion about both the bad and good qualities of water, by all sorts of people, that must be taken with many grains of allowance. A water with but little foreign matter in it, and that imperceptible, may be poisonous, while other water containing much foreign matter easily recognized may be quite healthy, even when not palatable. Definite and reliable information concerning potable water, in the present state of science, is difficult to obtain, or at least expensive.

Epilepsy, by William Flynn, M.D., Marion, Ind.

Fifty-five cases of epilepsy have been treated by the author and Dr. Lomax in four years. These are classified by the essayist, and some general remarks on epileptics submitted. In speaking of treatment, he says, "The most satisfactory results have followed a combination of pot. bromide, Fowler's solution, sod. hypophos. and am. carb. The dissertation closes with this discouraging sentence: "We believe a few have been cured and many benefited, but the success that attends the treatment of epilepsy is such as to teach us that, despite the advances being made in professional knowledge, but little that is positive and flattering has been accomplished in this field."

Twins, Delay of Second Child, Artificial Delivery, Death, by A. Henley, M.D., Fairmount, Ind.

The story of this case is not narrated in such manner as to make it clear why the puerperal woman died five days after parturition.

Placenta Previa, Occult Hemorrhage, and Malpresentation, by E. S. Elder, M.D., Indianapolis, Ind.

A woman pregnant seven months had a sharp hemorrhage. At eight months premature labor set in, and after nine hours' exsanguinous, continuous pains, the membranous sac, protruding between the labia, burst and gave exit to a large quantity

of blood. The fetus presented its side and was delivered by turning, the mother under chloroform, the child dead. The placenta was adherent and was found to have been ruptured at its center into the amniotic sac; hence the blood that flowed when the sac burst. The case is a rare one. The mother did well.

J. F. H.

Naso-Pharyngeal Catarrh. By MARTIN F. COOMES, M.D., Professor of Physiology, Ophthalmology, and Otology in the Kentucky School of Medicine, Member of the American Medical Association of the Kentucky State Medical Society and of the Council of the Polytechnic Society of Kentucky, Visiting Surgeon to the Eye and Ear Department of the Louisville City Hospital, Surgeon to the Louisville Eye and Ear Infirmary, etc. Louisville: Bradley & Gilbert. 1880. Pp. 168.

This, besides being the most elementary work which has yet appeared on this overdone subject, is disfigured by an immense lot of badly-printed illustrations, principally of instruments which are familiar to every physician.

Clinic of the Month.

Calcium Salicylate in Serous Diarrheas of Infants.—Alexander Hutchins, M.D. (The Proceedings of the Medical Society of the County of Kings, Brooklyn, N. Y., for September, 1880), writes:

The fact that the writer has treated in private practice, within the past three months, some twenty-seven cases of serous diarrhea in infants, ranging from two months to two and a half years of age, using one drug only; that some of the cases were seen but once, many only twice, and none above four times; that in all the disease is known to have been promptly and permanently controlled, justifies putting this memorandum on record, that others may have the opportunity of testing its efficiency and studying the limits within which its usefulness may be relied upon.

In my first experience the case was so pronounced and typical that a brief narration thereof will preclude the necessity of further clinical details.

The 25th, 26th, and 27th of May were three excessively hot days that ushered in the summer. On the 25th a child two years of age, in perfect health and in good surroundings, had been playing most of the day in the open air, exposed to the sudden onset of the intense heat. After a somewhat restless night, at 4 o'clock on the morning of the 26th the child had a copious movement of the bowels, thin and discolored. Vomiting soon after occurred. Following speedily were other dejections, rapidly assuming the watery character. Accompanying these were frequent vomitings of a thin, watery consistence. After two hours the dejections became more frequent, varying from three to ten minutes apart, discharged without effort, sometimes small, then again profuse, always colorless. The vomiting occurred after each injestion of food, water, or ice, and frequently independent of these, the rejected material being like the dejecta, watery and colorless. A rapid prostration ensued, the patient soon offering no resistance to the frequent change of the napkins, and indifferent to the vomiting. For about twelve hours the temperature remained about 105° and the circulation about 140.

I commenced the calcium salicylate at 7 in the morning, giving one- and two-grain doses every hour, and followed the treatment patiently till 2 in the afternoon, without making any impression on the frequency or character of the vomiting or dejecta. The condition was serious. It was my first experience in the use of the drug. I was timid as to deserting the old lines of treatment. However, at 2 P.M. I gave it in five-grain doses, and the effect was, as near as may be, immediate. Within a half hour began a recognized control of the movements, a cessation of the vomiting, and a lowering of the temperature, accompanied by a softening and moisture of the surface. The medicine was repeated every two hours till 10 P.M., when the disease was under control. But three movements occurred between that hour and morning, and on the following day a natural movement was voided.

The foregoing experience was repeated many times during the past two and a half months in cases closely allied to the one related. The indications of treatment appeared to be pretty clearly defined. Whenever the dejecta were of the serous character, whether the flux was more or less profuse, in all the cases where the tendency is to cholera infantum, when collapse is to be looked for from excessive drainage of the serum, the calcium salt acted promptly in checking the frequency of the movements—ultimately in controlling them.

The cases on which this memorandum is based are selected so far as to include all those with the more or less profuse watery alvine evacuations, with or without vomiting, and to exclude all others. The purport of this memorandum is to put on record the fact that these discharges were controlled by the calcium salicylate with a promptness and efficiency that the writer has never experienced by any other mode of treatment. The patients ranged in age from two months to two and a half years. No discrimination was made as to diet, which in some instances was breast-milk exclusively, in others condensed milk, the patent foods, or a mixed diet. In no case was any modification of the previous diet called for, save in the matter of quantity. All the patients were in good social and hygienic surroundings. In two instances the infants were at their summer homes, and the telegraph and mail related the symptoms and conveyed the medicine. In all cases the dose was three to five grains from two to four hours. The total quantity consumed by each patient varied between six and eighteen powders. In a few cases minute doses of aconite and veratrum were given during the stay of the high temperature, and in other few small doses of quinine were followed up after the subsidence of the disease.

One short series of observations on one drug in a limited number

of cases, in the midst of one set of social influences, during a part of one season, establishes no principle, enforces no rule of action, settles nothing absolutely; but when this series has shown an unvarying issue it would be more ungenerous to withhold the experience than deficient in modesty in not waiting for further facts.

It was noted that the medicine seemed to have no influence in changing the secretions so as to modify the character of the evacuations. The discharges would be under control for a time—say from two to twelve hours—and the next movement would be a watery one, but there would be no further recurrence of the diarrhea. There might be a return to normal movements, or there might be a change to a diarrhea of indigestion or to a diarrhea from irritation of the mucous surface, each of which would require some special interference. These sequelæ were exceptional, but in no case did the serous discharge recur.

It was noted likewise that this treatment necessitated very little interference with the usual diet of the child. It would be nearer the exact fact to say that no interference was required. In the majority of cases the discharges were so promptly checked that an indigestion did not occur.

It was further noted that the calcium salt had no appreciable effect on any one of the other forms of intestinal flux, whether lienteric or inflammatory. The serous diarrhea alone seemed to be amenable to this drug. Each of the other forms required special treatment.

An additional fact was noted that the vomiting accompanying these diarrheas was controlled so soon as the medicine began to show its effect on the discharges. Certainly without exception the stomach tolerated the presence of the drug.

Appended are some of the observations of Mr. Walter Kilner (M. B. Cantab.), a portion of which I have been able to verify:

"One of the most successful set of cases was when the diarrhea seemed to be entirely dependent upon the heat of the weather, or during the autumn upon the change from the cold nights to the hot days, at least when no other cause for it could be discovered. It seems not improbable in these cases that the diarrhea is an effort of nature to reduce the temperature of the body, the sweat-glands being either incompetent or else not sufficiently active to perform the extra duty suddenly required of them. Here the salicylates not merely check the diarrhea, but also cool the body by their influence upon the sweat-glands, assisted by the direct cooling action of the air upon the larger quantities of blood impelled through the cutaneous capillaries; and in addition the stimulation of the glands does not terminate with the

leaving off of the medicine, thus enabling the child to become accustomed to the hot weather.

"Another class of cases in which these drugs are useful is when the diarrhea occurs either subsequent to or contemporary with the gastric catarrh of infants, whether arising from improper food or from dentition. Also a certain amount of benefit may be expected when the stools are fetid. In all these instances there are most likely decomposing or fermenting substances in the alimentary canal, accompanied by flatulence and discomfort, if not pain. By the arrest of the decomposition the local irritation caused by the offending material is removed, which may assist in controlling the peristaltic action of and the secretion into the bowels; or even should the flux remain the condition of the patient is improved.

"Whenever the diarrhea is due to dentition, with the single exception mentioned above, we can hardly expect and we rarely, if ever, find any good to follow the use of these salicylates, because the derangement of the alimentary canal is only secondary, being derived by reflex action from the errupting tooth, and they do not exert any influence upon the fifth nerve.

"Another contra-indication of the use of these salicylates is when the food is passed through the alimentary canal so quickly as to be quite or nearly undigested. To obtain full benefit from these salts they must be given in good-sized doses; for although the smaller ones will remove the fetor, yet the number and quantity of the evacuations will not be diminished by them. During their exhibitions for diarrhea they give rise to several effects worthy of notice. First, as long as the diarrhea lasts the skin continues dry, or, at the most, regains its natural moisture; but this moisture varies inversely to the purging; nevertheless, even when the stools have become solid there is rarely, if ever, much perspiration, although the same-sized doses when given for other illnesses cause the child to be bathed with it.

"The temperature of the patient, when taken in the axilla, has a tendency to come to the natural standard, falling when higher and rising when lower; yet during convalescence the temperature is usually below the normal. This regulation of temperature may be accounted for by the cooling powers of the drugs when the body is too hot; and on the contrary—which is much more common—when the temperature is subnormal the rise is due to the increase of blood to the surface, as it is most likely that had the temperature been taken per rectum it would have been found above the natural point.

"The pulse, as far as I was able to judge, is unaffected directly by these drugs. Any alteration of it appears to be dependent upon the

state of the child. The tongue, if clean, remains so, or if furred becomes clean; and should it be dry, moisture returns at the same time as the skin loses its pungent feeling. Only one more fact remains to be noticed; namely, the effect of these drugs upon the brain. I have never seen a case of diarrhea in which the usual head symptoms of salicylic acid have shown themselves, although with the same dose during other illnesses they have appeared. For this peculiarity I can offer no explanation. The best doses of these drugs are two or three grains for a child under six months, and from three to five or more when above that age. The bismuth salt is preferable when vomiting is present; otherwise the calcium salt will be equally beneficial."

I am well aware that as a purism in pathologic speech the term *catarrhal* diarrhea is to be preferred to *serous*, and that the *catarrhal* is the accepted form. It has suited my purpose best to use the term *serous*, to emphasize the symptom or the resultant of a condition which it has been my observation to see was favorably affected by the calcium salt.

Following on after the experience of Mr. Kilner, my own observations in a limited number of cases, occurring during a portion of one season, have shown that the calcium salicylate has a positive usefulness in the serous diarrhea of infants, and, judging from my own observations, its usefulness is limited to the cases characterized by profuse watery flux. In the other forms of catarrhal diarrhea in the congestive and inflammatory forms, where there is organic change in the mucous membrane, and where the discharges are lienteric, there is no evidence of the special usefulness of the drug.

Desirous of including in this report as much experience as was practicable, and especially desirous of having the effect of this medicine observed among children whose hygienic and social surroundings were open to criticism, I appealed to Dr. Jerome Walker, whose experience would give weight to any observations he might make, to test this drug at the Seaside Home for Sick Children at Coney Island, of which he is medical superintendent. The following letter was received from him. He has given it in thirty cases.

"8 Seventh Avenue, Brooklyn, August 14, 1880.

"*My Dear Doctor:* Agreeable to your desire I have used the salicylate of calcium mixture at the Seaside Home in the diarrheas of children, with the results as shown in the annexed reports of cases taken from my note-book.

"I have given the medicine in doses of three grains every two hours, mixed thoroughly with simple syrup. Thus prepared, the medi-

cine is more easily taken than when mixed with sugar and then moistened. Maple syrup might be better, or even syrup of gum acacia. Generally from five to eight doses were necessary before any good result was perceptible. The earlier doses were often vomited in whole or in part. Of course my experience with the medicine has been too limited to enable me to state *exactly* in what cases it should be used to the exclusion of pepsin, bismuth, rhubarb and soda, etc. . . .

"Of course the diet is to be closely watched when this medicine is given, as with all remedies for diarrhea, though I hope yet to test the medicine without giving special directions as to food. In my experience so far the medicine is especially adapted to serous diarrheas, from whatever cause. Can often be combined to advantage in excitable, fretful children with Goodell's bromide mixture; is *not* good in cases of dysentery; rather seems to aggravate the disorder; is a valuable addition to our stock of remedies."

In every case thus far the writer has dispensed the medicine himself in the sick-room or in the office. He had the knowledge of using a properly-prepared drug, and the advantage of immediate service. Besides he was scrupulously careful to show the attendant how best to administer the medicine. By mixing the three- or five-grain dose in a teaspoonful of sugar, adding a few drops of water at a time till the whole is thoroughly moistened, and then thinning it with water so that it can be easily swallowed, is a sufficient device, though demanding a little patience.

The form in which I have used the calcium salt would be represented in a formal prescription thus:

℞ Acid salicylic, ... gr. xxij;
Cretæ præparat., ... gr. viij.

Misce accurate. Divide in chart. No. vi (gr. v), vel. No. x (gr. iii). Sig. one every two to four hours.

I found the calcium salt so effective that I abandoned the bismuth salt mainly to avoid the discoloration of the discharges due to the bismuth. I did not find that the bismuth acted any more effectually than the calcium in controlling the vomiting.

Two more facts of interest remain to be stated. In the process of mixing the powder an effervescence occurs which alarms the attendant, but which the prescriber recognizes as due to the release of carbonic acid in the formation of the new salt. Also in the process of mixing a pungent odor of chlorine is not infrequently perceived. Dr. Squibb informs the writer that this is probably due to the impurity of the prepared chalk. The prepared chalk of the shops is a residuum of the

manufacture of chlorinated soda, and if the chalk be imperfectly washed an odor of chlorine will be perceived. This is an impurity of the drug, and should be avoided.

Tracheal Tubes Introduced by the Mouth instead of Performing Tracheotomy or Laryngotomy.—In a most interesting paper on this subject (British Medical Journal) by Wm. Macewen, Surgeon and Lecturer on Clinical Surgery in Glasgow Royal Infirmary, he says:

Advantages over Tracheotomy.—Besides the superiority which the simple introduction of a tube into the trachea through the mouth has over a cutting operation, which in itself is not unattended with danger, the following points may be noted as advantages on the side of the former. The air as it passes through the natural passages into the lungs becomes warmed, moistened, and filtered. When a wound is made into the trachea through the neck, and a short tube is inserted, the cold, dry, unfiltered air gets access to the lungs, and often produces fatal congestions. Every surgeon knows how difficult it is, even in hospital, to maintain for days continuously an uninterrupted supply of extraneous warmth and moisture, and how, now and again, in spite of the very best arrangements, a hitch occurs, during which cold, dry air gains access. The tubes introduced through the mouth do away with the necessity of supplying extraneous warmth and moisture. A tubular instrument passed through the mouth into the trachea will convey heated, moist air into the lungs, and to a considerable extent will filter it of its dust and organic particles. Even a tube with one end in the trachea and the other projecting from the mouth will attain, a few minutes after insertion, the same heat as the human body, and, as a consequence, will temper the air as it passes into the lungs. After a short time its interior will be covered with moisture, which will offer an extended surface for adhesion of organic particles, and so help to filter and at the same time moisten the air.

Cases in which these Tubes might be used. It will be observed that I do not particularize the kind of cases in which tracheal tubes passed through the mouth may be used, further than by stating that there are obvious reasons for preferring tracheotomy or laryngotomy when foreign bodies are in the windpipe, and, on the other hand, for preferring tubes through the mouth where there are effusions of blood or serum or collections of pus into or about the submucous laryngeal tissue, or when any thing overhangs or threatens to occlude the laryngeal orifice.

Again, it may be asked whether such instruments might not be of very considerable service in cutting short many spasmodic affections of the cords and upper portions of the larynx, such as spasmodic croup, laryngismus stridulus, and in some cases of incarceration of the epiglottis, etc. Tubes inserted in some such cases might not only relieve the spasm, but also help to cure the disease by destroying the habit.

Cases in which the disease or at least the necessity for using the tubes would be of short duration are the most suitable for this procedure. Again: where the person is too weak or objects to have tracheotomy performed, or where the practitioner does not care about performing it, the tubes passed through the mouth might be used, even in the latter case, to gain time to allow an operative surgeon to be called.

The tubes must necessarily be of various sizes, so as to suit the various larynges into which they may be introduced. At present a tube of a better shape and form than that now in use, and one which will present other advantages, is being prepared for me.

It must be obvious that the time during which the tubes are retained must depend on the case. In some a few hours might be sufficient to dispel the edema; in others a much longer period is necessary.

How to recognize that the Instrument is in the Trachea. How would one recognize the presence of the instrument in the trachea? 1. By finding the instrument pass over the first ring or two of the trachea. 2. By finding that the air flows into the tube during inspiration and out during expiration—the opposite being the case if it be in the esophagus. 3. By the mucous expectoration being expelled from it. 4. By the negative signs that it is not in the esophagus or stomach; that is, blowing up the stomach through the tube, etc. Before introducing the tubes an examination by the laryngoscope ought to be made to ascertain the precise state of the parts.

Deductions. The practical deductions which may be drawn—*tentatively*, at least—from these cases are as follows:

1. Tubes may be passed through the mouth into the trachea not only in chronic but also in acute affections, such as edema glottidis.

2. They can be introduced without placing the patient under an anesthetic.

3. The respirations can be perfectly carried on through them.

4. The expectoration can be expelled through them.

5. Deglutition can be carried on during the time the tube is in the trachea.

6. Though the patient at first suffers from a painful sensation, yet this passes off, and the parts soon become tolerant of the presence of the tube.

7. The patient can sleep with the tube *in situ.*

8. The tubes—in these cases, at least—were harmless.

9. The ultimate results were rapid, complete, and satisfactory.

10. Such tubes may be introduced in operations on the face and mouth, in order to prevent blood from gaining access to the trachea, and for the purpose of administering the anesthetic; and they answer this purpose admirably.

The Substitution of a Lead Plate for a Portion of the Frontal Bone.—M. H. Post, M.D., of St. Louis, reports in St. Louis Courier of Medicine:

During the month of April, 1879, a woman came to my office to know if I would not do something to improve her personal appearance. At that time her health was good; but there was a deep depression from syphilitic necrosis near the center of her forehead, where the loss of bone had occurred. The depression was about one sixth of an inch deep, three fourths of an inch in its transverse axis, seven eighths of an inch in its vertical axis; approximately rectangular. It was noticeable at some distance, and was too low down to be covered with her hair. She wished me to fill it up in some way. I tried to dissuade her, telling her that any thing introduced beneath the skin would irritate and ultimately ulcerate out, making a larger scar than the original one. I consulted with several medical gentlemen about the case, and they all advised me to leave it alone; and I was very sorry when the patient reappeared. I told her the chances were nine out of ten against success, but she insisted and agreed to take the risk. Accordingly, June 24, 1879, I performed the operation. The day previous I took a cast of the depression in plaster of paris, from which I made a lead plate. My reasons for using lead were that the tolerance of bullets in the body seemed to teach that lead is innocuous; lead was much cheaper than silver, and at the last moment could be cut into a new shape if necessary. The patient had been taking potassium iodide for some days.

I made a horizontal incision about half an inch above the upper margin of the depression. Through this cut I dissected up the skin and scar tissue, keeping close to the bone. When the depression was reached there was considerable difficulty, as the scar tissue was extremely thin and firmly adherent to the bone. The dissection having

been accomplished, the lead plate was slipped in and the horizontal incision sewed up. The plate weighed a dram and a half. The wound was dressed with cold-water dressings. There was considerable redness and heat following the operation, and considerable serum was effused about the plate, so much that twice I drew it off with a hypodermic syringe. The case progressed favorably, and on July 28th the forehead was smooth, and there were no signs of inflammation.

A bandage was worn about the forehead for some time to keep the plate from moving about, and it also was pleasant to the patient, as it seemed to relieve a sense of weight which the plate produced. This has been given up, and there are no signs of the foreign body doing any harm, it having been tolerated for over a year.

There are three points particularly to be borne in mind: 1. The plate lies on bone; 2. It is covered by scar tissue; and 3. The scar tissue is not more than one sixteenth of an inch thick.

I saw the patient today (June 30, 1880); the plate was in place, giving no trouble, and was filling its purpose so well that I found myself examining the wrong portion of the forehead.

Iodoform in the Treatment of Goiter. — Dr. Boéchat believes that iodoform dissolved in sufficient quantity in some indifferent fluid may be successfully employed in the treatment of goiter. In injecting into the tumor better results are attained than with the tincture of iodine, and there is no fear of the subsequent complications so frequently met with after the employment of the latter method, and which are due to the formation of cicatrices, owing to the action of the alcohol upon the tissue of the thyroid body. The chief objection to the use of iodoform has always been its acrid and penetrating smell. This objection, when employing it for external use, Dr. Boéchat has sought to overcome in the following manner: The iodoform has been finely powdered, and has then been intimately mixed with glycerin, the mixture being applied to the goiter. As soon as it has begun to dry the part is painted over with collodion, which dissolves a small quantity of the iodoform by means of the ether which it contains. The plan is not very successful, however, as it only masks a part of the odor. The application is to be made every two or three days. In cases of goiter of long standing, and in cystic and parenchymatous forms, no results have been

obtained by this method of treatment; but in the cases of young patients and in goiters of recent growth which consisted of soft non-fibrous swellings very marked results were obtained, the goiter disappearing more rapidly than with iodine or potassium iodide. Iodoform administered in internal doses of pills, each containing 0.01 gram, to the extent of ten pills per day, has not given any very satisfactory results.—*Blatt. f. Schweiz. Aërtzte.*

Cold Water in Fevers.—As much has been written recently about water as a drink in fevers, the following extracts from a paper which appeared in this journal some years back by the late Dr. L. P. Yandell may be interesting:

As a drink in febrile and inflammatory diseases cold water is of inestimable value, and few physicians, it may be hoped, retain at this day any of the old prejudices against it. There is, in truth, no substitute for cold water in fevers, and after a long experience I freely express the opinion that it is admissible at all times in every morbid condition of the system. It is never contra-indicated when the patient craves it. Ice is better in cases of vomiting, but many times the thirst is not appeased by ice, and then with it ice-water should be freely allowed.

I may mention in this connection a practice which I have pursued for many years and have been in the habit of recommending to my friends for securing sleep in very hot weather. It is this external use of water. A cold bath before going to bed will effectually lower the temperature of the body and favors sleep; but a bath can not always be commanded, and then I have availed myself of the evaporating process. The night-shirt being saturated with water carries off the heat of the body by evaporation, and renders sleep possible in the hottest summer night. In all the forty summers during which I have been using water in this way I have never contracted a cold from the practice.

Treatment of Goiter.—Dr. Stevens, of Quebec, reports seven cases of goiter cured by the chloride of ammonium. Six were girls under twenty years of age, and one a married woman aged forty. The dose given was ten grains three times a day, the tumors entirely disappearing at the end of three months.

Ipecac in Dysentery. — Dr. J. H. Courtenay, of Jamaica, writes in The Lancet:

And now it will be asked, Does the ipecacuanha treatment never fail? and is it an absolute specific for dysenteric disease? I can unhesitatingly answer, as far as my experience enables me to do so, that in the great majority of cases it most certainly does not fail, and that its effects are often magical; but I have met a few cases where no precautions or varieties as to administering small or large doses of the drug seemed to be able to avert the absolute intolerance of it. Under these circumstances I administered a bismuth-and-soda mixture containing five drops of sedative solution of opium in each dose. I also gave a powder containing mercury with chalk and compound ipecacuanha powder every four hours, and an opiate enema at night.

I consider that when a patient suffering from dysentery is unable to take ipecacuanha his chances of recovery are seriously lessened by such inability.

Esmarch's Modification of his Method.—The parenchymatous bleeding which so generally follows removal of the rubber tube constitutes the principal objection to the bloodless method. Prof. Esmarch, at a recent meeting of the Congress of German Surgeons, stated that hemorrhage was entirely avoided by the following:

After an amputation has been performed bloodlessly, and before the constricting tube is removed, all the vessels are carefully tied, and the wound closed by catgut in Glover's stitch. Drainage-tubes are placed in position, a permanent compressing dressing is applied, and the stump secured in a vertical position. Not until these preliminaries have been attended to is the compression tube loosened. The patient being put to bed, the stump is retained in a vertical position for half an hour longer. In twelve amputations performed with these precautions, nine of which were in the lower part of the thigh, no hemorrhage occurred, and in most of them the first dressing remained in place until the fourteenth day. When removed at the end of that period only a thin linear scar remained.

The procedure in resections is essentially the same. In fifty-six cases no death occurred, nor even hemorrhage. In thirty-three cases the continuous dressing was employed, being usually kept on three or four weeks.

In one hundred and forty-eight necrotomies treated in the manner described the dressing had to be removed in six cases on account of hemorrhage. Small patches of gangrene of the skin also appeared in some cases. Since Easter, 1879, Esmarch has given up the use of tampons after removing sequestra, substituting the sewing up of the skin over the cavity after careful disinfection, and the introduction of a drainage-tube, the compressing gum tube being kept in place till all is completed. In twelve cases thus treated no hemorrhage followed, the wound remained aseptic, and indeed in several cases healed by first intention.

He has obtained equally good results in other operations, as removal of tumors, although in some localities, as about the shoulder and hip, bloodlessness is difficult to attain.

In the discussion following the reading of this paper a number of distinguished surgeons expressed themselves as to the high value of Esmarch's procedure. With regard to the use of hot-water irrigation considerable diversity of opinion existed. Some surgeons had found it to answer all expectations, while in the hands of others it appeared to have failed entirely.

Oxide of Zinc in Diarrhea.—M. Cousin publishes in the *Marseille Médical* a paper on the use of oxide of zinc in diarrhea. The majority of cases treated were obstinate and chronic, characterized by abundant and numerous dejections. Some were due to simple intestinal catarrh, while others were caused by improper food or by cold, others again being symptomatic of tuberculosis. In each case various remedies (opiates, astringents, anti-cathartics, etc.) had been employed without result. The oxide of zinc yielded marked and rapid effects. Thus diarrhea of six, four, and three months' standing was favorably modified within a few days after the administration of the first doses of this remedy. The formula employed, which is the same as that of Gubler and Bonamy, is as follows:

Oxide of zinc, ...	3 grams 50 centigrams.
Bicarbonate of soda, . .	0 grams 50 centigrams.

Make into four powders, one powder to be taken every three hours. The union of the soda bicarbonate with the oxide of zinc causes the latter to be more readily tolerated.

Gurgun Balsam in Gonorrhea and Vaginitis.—This balsam, which is extracted from various dicotyledonous trees, is turbid and of a brown color, bitter, smelling like copaiba, but with a less unpleasant odor, while it is less acrid and less expensive than this drug. It is also more readily tolerated. The balsam is administered in capsules or in the form of an emulsion in mucilage. In the latter form Vidal gives four grams a day immediately before meals. In larger doses of ten to twelve grams it produces vomiting and diarrhea. It can be prescribed at the beginning of a gonorrhea, which it cures in fifteen to twenty days. It is better, however, to employ it when the inflammatory stage is over; but it is also very useful in gleet. In the female it is used as a local application. The vagina being first washed out with warm water, a plug of cotton wool soaked in a liniment of equal parts of balsam and lime-water is applied by means of the speculum, and the plug is then covered with a second one of dry wool, the dressing being renewed daily. This proceeding is attended with a slight smarting, which disappears after the third application. (*Bouchut's Ann. de Thérapeutique.*)

Arnica in Furuncles.—Dr. Planat, in *La France Médicale*, counsels the application of arnica in the treatment of furuncles purely inflammatory. Arnica arrests with extraordinary promptitude these eruptions, probably on account of its action upon the vasoconstrictor nerves of the skin. Dr. Planat employs a pomade composed of two drams of the extract of the fresh flowers of arnica and half an ounce of honey. This mixture is spread on a piece of oil-silk and laid on the boil. The dressing is renewed every twenty-four hours. Two or three applications suffice to arrest the progress of the furuncle, no matter at what stage of its development. (Medical Press and Circular.)

The Treatment of Asthma.—Dr. Berkart states that in many cases the asthmatic paroxysms may be speedily removed by the hypodermic use of pilocarpin. The relief thus obtained is due not merely to the suppression of the painful perception of

the dyspnea, but to the removal, as far as practicable, of its immediate and remote causes. Moreover, the improvement lasts long after the effects of the drug have passed off, and in several instances it was almost complete. Klebs, it appears, has obtained equally favorable results by the same means. The dose is one sixth of a grain.

Simple Method of Reducing Paraphimosis.—M. Bardinet employs the following with success: He inserts the convex ends of three hair-pins, at regular distances apart, beneath the constricting ring, and over the bridge thus formed the foreskin is drawn down with the greatest facility. (*Allg. Med. Cent. Zeit.*)

Treatment of Hydrarthrosis.—Dr. Paquet reports twenty-two cases of hydrarthrosis of the knee-joint, subacute and chronic, treated by immobility and faradization, sixteen of which were cured permanently in from eight to twenty-five days. (*Le Progrès Medical.*)

Carbolic Acid in Smallpox Eruptions.—Championnère reports that he has prevented the appearance of variola pustles in a number of cases by the application of a mixture of carbolic acid and vaseline. (*Le Progrès Medical.*)

Injections of Morphia in Intestinal Obstruction.—Dr. Lambert (London Lancet) injected subcutaneously one grain of morphia three times a day, in a case of intestinal obstruction which lasted for thirty-nine days, with excellent results.

Notes and Queries.

Editors American Practitioner: St. Paul, August 13, 1880.

It is expected at this season of the year in our state that the thoughts of the doctor as well as his patient are to an extent dwelling upon the cool atmosphere of the North, within easy access of a plentiful supply of water for bathing, boating, and fishing purposes. All of these comforts are supplied by Minnesota. And I have thought during the dull months in the medical centers that a few news items in regard to Minnesota medicine, obtained during the past week while attempting to spend a short vacation to the best advantage, might be of interest to your readers, even though the facts furnished are only semi-medical in character.

A railway ride through Wisconsin and Minnesota is in itself, during the summer months, a delightful recreation. The temperature is pleasant, except occasionally during midday, while the extensive grain-fields, thickly dotted by the abundant harvests in shocks, constantly suggests comfort, plenty, and longevity. But in this portion of the state one has scarcely entered the wheat-growing country of the Great Northwest. In the Red River Valley, as one is rapidly carried forward over the level country, the eye is frequently met by apparently endless fields of grain. The fields are not surrounded by fences, and each field represents a section of land.

The residents of Central Minnesota, at least, are not afflicted with any of the forms of one of our most frequent troubles; namely, malaria. A physician of Shakopee, the county-seat of Scott County, a town of two thousand inhabitants, located on the banks of the Minnesota River, told me that he had not treated a case of ague during the past ten years; while Dr. Stone, of this city, says they have no malarial diseases here,

unless the Mississippi overflow the bottom-lands—a thing that takes place about every ten years. The last-named physician states that cholera infantum is very frequently met with in this state; that it is one of their most dangerous summer diseases. Therefore tourists should not bring their young children here to pass the summer months. He states that the climate will, as a rule, improve a case of phthisis pulmonalis; but it is favorable to the development of summer diarrhea, especially in the young.

Very much can be said of Minnesota as a summer resort. The nights are so cool that one can not fail to sleep, if in health; while numerous lakes easily accessible furnish an abundance of outdoor exercise and sports. A well-informed man, an old resident of Hennepin County, the county in which Minneapolis is located, who accompanied me during a day's sight-seeing, stated that he had counted on the map eighty-four distinct lakes in his (Hennepin) county. I do not know what proportion this statement bears to the number of lakes in other counties. I visited two large lakes well stocked with fish in Scott County. Lake Minnatonka, fifteen miles from Minneapolis, is the fashionable resort, being best known by those from a long distance. A great many southern people spend the hot months here. It is proclaimed that capitalists will during next winter erect a summer hotel at this lake having a capacity for one thousand guests.

So far as a glance can enable one to decide, the growth or development of medicine in the state is equal to that in the departments of agriculture and commerce. There is an active county medical organization in almost every well-settled county, while the State Medical Society closed its twelfth annual session on the 16th day of June last at Albert Sea. The session was harmonious, and was marked by a strict attention to business. Many valuable papers were read and discussed during two days of the meeting. I will mention only one, which describes a new method of treating aneurism of the extremities, and which, to those who are studying the reports of the different methods of treating this disease by English surgeons at this time, will I

think be especially interesting. Dr. B. R. Palmer, of Sauk Center, made the report. I give it in his own words:

"I have lately used a method of applying pressure to an artery on any of the limbs, which, so far as I know, is new. It is effectual in controlling the action of the artery, and accomplishes its object without any constriction or pressure of the soft parts other than the spot to which the pressure is desired. It consists in the application of a broad band of plaster of paris around the limb, with an aperture in it directly over the part of the artery to which you wish to apply the compress. Through this opening the compress is to be adjusted to the limb, and tightened and fixed in place by an elastic roller, which envelops the limb outside the plaster shell, and is placed over the projecting portion of the compress, with sufficient tension to check the circulation in the artery to the desired extent. The idea occurred to me in the case of a traumatic aneurism of the femoral artery in the thigh of a butcher, caused by the accidental plunging of a long, narrow-pointed butcher-knife into about the middle of the thigh. The patient is a very robust and muscular young man, and the aneurismal tumor an hour or so after the accident was very large—about five inches across and about three inches thick, with pulsation. I immediately applied the plaster-of-paris band, as before described, using a compress of cork covered with chamois and projecting an inch and a half above the surface of the band. This was applied about two inches above the profunda, and the roller of elastic webbing brought around the band and over the projecting compress, tightening it at every turn, until the pulsation at the ham could no longer be felt. The pressure caused very little uneasiness, and was kept up for twenty-four hours, after which time it was removed, and pulsation in the tumor did not return. The compress was kept on more tightly applied for three days longer, when the patient, contrary to my advice, returned to the shop. The wound was inflicted on the 25th of April last, and on examination of the leg two weeks since—about 6th of May last—I found absorption complete and the patient well."

At the close of the session of the society Dr. Alexander J. Stone, of St. Paul—a young man, a native of Massachusetts—was elected as president for the ensuing year. The association adjourned to meet in St. Paul on the 3d Tuesday in June, 1881.

I have just been presented with a copy of the first annual announcement of the St. Paul Medical College. The fly-leaf states that this is the medical department of Hamlin University. Dr. Talbot Jones, who presented it, said, "You have not probably seen this, as copies have not been sent to physicians east of Wisconsin." The college is the outgrowth of a preparatory school which has been conducted for a number of years in this city. The first paragraph of the announcement states that the founders of the school make "no apologies for adding one to the numerous schools in the United States, believing that the constantly increasing demand for advanced medical instruction" in the Northwest required the step. The course of instruction "extends over four years, and the examinations for a degree are divided into four—one to be held at the close of each year." An examination on entrance to the primary classes in the higher English branches is required. No charge will be made for a diploma. Fees for each year, fifty dollars. Candidates for graduation at this college must "have taken a four-years' course of study" and passed at the close of each year of the course a satisfactory examination in all the branches taught. After completing the course of study, and along with their applications for a degree, candidates "must present a thesis upon some medical subject designated by the faculty, and must be prepared to defend the same publicly."

From the above it will be seen that the St. Paul Medical College stands alone, having a standard higher than that of any other medical college in the United States; and this, too, away off here in the Northwest, in a city having less than fifty thousand inhabitants. Here in the capital of the new state of Minnesota a medical college dares to *require* four full courses of lectures of a student before he is admitted to the final examinations for a degree, while in the older states and in larger cities

colleges are clamoring for notoriety because they have required three courses of lectures a little in advance of the time when they would be compelled to do so. Is not this a fine example for the medical colleges of Indiana as well as other states who propose to endure, not encourage or inaugurate reform? The men who control this institution have the courage of their convictions. A school, it seems to me, should require what is right of its students at the right time; it is cowardly or mercenary to wait until outside pressure compels it to do its duty. It is clear that many if not the majority of the colleges are halting between two opinions which are born of a desire for dividends on the one hand and of a desire to avoid the disgrace which comes from the propagation of ignorant doctors on the other. Let us hope that the annual announcements next year will be less timid in declaring the positions of the schools as to the higher standard, but, like the St. Paul institution, will speak out boldly and clearly in favor of reform and the best interests of the profession.

The St. Paul Medical College has already sixty students enrolled for the course of lectures next winter. It is, I may add, an assured success already. W. W. V.

Doctors and Druggists. — Prof. C. Lewis Diehl, Ph. D., of this city, and confessedly one of the very foremost pharmacists in America, was selected by the National Board of Health to examine and report on the deteriorations, adulterations, and substitutions of drugs. The report has just been issued, and may be safely said to be of more value than all the other proceedings of the National Health Board which have yet been given to the public. In the course of the report Prof. Diehl thus speaks of the relation of physician and druggist, and we commend his remarks to the thoughtful consideration of our readers:

The relation of the medical profession to that of pharmacy in this country is not as satisfactory as it should be, and must to a certain extent be held responsible for the unsatisfactory conditions under discussion. The pharmacist occupies a very peculiar position. Being

both a tradesman and a professionalist, he unites in his dual calling opposing interests. As a tradesman it is his sole aim to make money; as a professionalist it is his aim to guard the interests of the public by supplying medicines of pure quality, without regard to cost or trouble. If he succeeds in uniting these diverging interests, then both the public and pharmacist are the gainer; but if he fails in this, the one or the other must necessarily suffer. The physician is purely a professionalist. It is his aim, if he deserves that title, to ameliorate and cure disease without regard to the material recompense that may follow; and to this end it is his duty to draw into requisition the best agents that knowledge and science may point out to him. But does the physician always do this? Is he careful to inform himself so that he may be able to judge the quality of the medicine that may be furnished on his own prescription? Is he not in duty bound to prescribe only such medicines the characters of which are or may be well established? Is he justified in prescribing "special" remedies the exact composition of which is wholly or in part withheld? Is it not his duty so to formulate his prescriptions that it is possible for any practical pharmacist to compound the same from among the recognized drugs, chemicals, and preparations that may be found in all well-regulated pharmacies? Is it not also his duty to encourage the pharmacist to prepare all medicines the characters of which are such as to make it difficult to establish any variation from the standard that may exist, and however slight such may be? Does he not, by the pernicious practice of prescribing the preparations of specified manufacturers—which practice has increased to such an extent as to be an abuse—bring about the very conditions that are so largely instrumental in introducing inferior medicines, by causing the dispenser of medicines to overstock his shop with preparations that are liable to deterioration; by restricting his field of observation in the preparations of medicines; by tempting him to substitute the preparation of one manufacturer which is in stock for that of another which it is difficult or unprofitable to procure; by making him indifferent to the professional duties of his calling, when those of the tradesman are so constantly in requisition and his skill and knowledge count for nothing.

Tanner's Starvation.—As a scientific experiment Dr. Tanner's fast ranks but little higher than the prolonged walks, swimming contests, etc. which have recently been so common. Its sole object, so far as we can learn, is to ascertain not whether a man can live forty days without food—which has already been

proved in undoubted cases—but whether Dr. Tanner can live, as he says he can, forty days without food. On the other hand, it has been proved that death may occur at a much earlier period. (Lancet.)

NEW YORK, 41 WEST TWENTIETH STREET.

Editors American Practitioner:

DEAR SIRS—Having been selected by the Paris Committee (Messrs. Ranvier and Dumontpallier) having charge of the subscription for a monument or memorial to the late Prof. Claude Bernard to represent them in the United States, I beg leave to be allowed to use your columns for the purpose of appealing to the members of the medical profession and all others interested to subscribe to this worthy project. I need hardly remind your readers of the great debt which every practicing physician owes to the labors of the illustrious physiologist whose memory we are asked to honor in this way. All inquiries and subscriptions in the shape of bank-checks or postal money-orders should be addressed to me.

Trusting that I shall have the advantage of your active personal support in this matter, I remain

Yours, very respectfully,

E. C. SEGUIN, M.D.

ROBERTS'S PEPTONIZED BEEF TEA is prepared by boiling one pound of finely-minced lean beef in a pint of water for one hour and a half in a covered saucepan. The liquid portions are then strained off and the undissolved meat-fiber remaining in the saucepan beaten with a spoon into a paste or pulp. The strained-off fluid and the pulped beef-fiber are then mixed together and introduced into a covered jug. To the mixture, as soon as it is cooled so as to be tolerated in the mouth (that is, at a temperature of about 140° F.), a fluid ounce of Benger's liquid pancreaticus is added and the whole well stirred. The jug is then placed in a warm place under a "cosey" to keep up the heat. At the end of two hours the mixture is boiled for two or three minutes and finally strained through a colander. Peptonized

beef tea possesses not only the stimulating and peptogenic virtues of ordinary beef tea, but it also has considerable nutritive value, owing to the presence of peptone. In taste it is undistinguishable from ordinary beef tea.

The Harm Tanner's Fast has done is thus depicted by a Frenchman: "This prodigious fast will not fill the stomachs of the starving. There is no need to make such experiments; the wretched make them every winter. Dr. Tanner has done the poor a great deal of harm. The familiar appeal, 'My God, sir, pity me; I 've eaten nothing for two days,' will never more have any effect on us."

Barber-surgeons.—Paul Broca, who was a capital *raconteur*, told the following anecdote of himself. He was in Seville, and wishing to be shaved he applied to a barber whom he chanced to know. After the conclusion of the operation the barber declined to accept any pay on the ground that confrères should not accept fees of one another.

A Healthy Circulation.—The British Medical Journal states its circulation now to be nine thousand seven hundred and fifty.

The American Practitioner.

NOVEMBER, 1880.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—Ruskin.

Original Communications.

INCARCERATION OF THE PLACENTA AT FULL TERM.

BY G. W. H. KEMPER, M.D.

I have been led to this investigation from the report and discussion of a case recently made before my own county medical society — Delaware. The following is a synopsis of the case:

Mrs. B., age about twenty years, primipara, was attended in a tedious confinement on the 29th of June, 1880, by Dr. C. Two hours after the birth of a still-born child, the placenta being undelivered, Dr. M. was called in consultation. That gentleman with an effort overcame the contraction of the resisting os uteri with his hand, and explored the cavity of the uterus, but failed to separate or, as he declared, to even define definitely the outline of the placenta. No further manual efforts were made to remove it. No unusual amount of blood was lost. No untoward symptom was developed, but on July 1st the friends asked for further counsel. Accordingly Dr. B. was called during the fore-

noon, and ascertained that the cord had become detached the previous evening. The os was firmly closed and the uterus moderately contracted. Several doses of ergot were administered, and attempts made by external compression to cause contraction of the uterus and expulsion of the placenta. The efforts were fruitless, and it was deemed prudent to make no attempt to dilate the os, but trust the case to nature.

The patient continued to do well until early in the morning of July 3d, when a state of prostration became marked. She exhibited no fever nor evidences of inflammation. No external hemorrhage occurred. She frequently yawned, and complained of a difficulty in breathing. A state of collapse slowly supervened, and she quietly expired at 10 o'clock A.M., ninety-six hours after her confinement. Unfortunately no post mortem was allowed. It is quite probable that she died from internal hemorrhage or a heart-clot.

The case of Mrs. B. is a sad one, and as interesting as it is sad. The practical question in connection with its study is this: Was the treatment received by Mrs. B. proper? It will be the aim of my paper to answer this question.

Fortunately cases of retained placenta are comparatively rare, and yet, occurring occasionally as they do, coming up like unbidden guests in an evil hour, taxing to the utmost capacity our skill and anxiety, and overwhelming the woman and her friends with terror and anxiety, the management of such cases necessarily becomes a practical question. I have chosen to classify retained placenta as having two sources, namely, uterine and placental, and each of these again subdivided under two heads, as follows: 1. Uterine—(*a*) irregular contraction; (*b*) atony or inertia. 2. Placental—(*a*) excessive volume; (*b*) morbid adhesion. These varieties may exist singly, or two or more of them may be associated in a given case.

The several causes of retention of the placenta are thoroughly discussed in the numerous text-books, and require no elaborate consideration in this connection.

The various forms of irregular contractions of the circular

fibers of the external and internal os, and the still more rare constriction of the central fibers of the body of the uterus, constituting true hour-glass contraction, often exist, and imprison the placenta, although no adhesion may exist. We are persuaded that this state is often the result of improper treatment in the second stage of labor, such as the unnecessary or injudicious use of ergot, and a failure to follow down the receding uterus as the body of the child is expelled, and thus uniform contractions of that organ are not secured.

The second cause of uterine failure to expel the placenta—namely, atony or inertia—is also a condition often brought about by neglect in the second stage of labor. This condition usually follows a tedious labor, which should have been abbreviated by the timely aid of the forceps. In such cases the uterus is simply in a state of exhaustion, and is incompetent for the task of casting off the placenta.

Excessive volume we have named as the first placental cause of incarcerated placenta, yet it is one that will rarely give us trouble, as the difficulty is usually easily overcome. Smellie taught that it was better to apply but one ligature to the cord, except in cases of twins, in order to allow a small quantity of blood to escape from the placenta, and so diminish its size and allow a readier exit through the os. Dr. McClintock,* in an annotation, indorses this practice as one that he has for many years followed with apparent good results. Formerly it was my own practice to apply two ligatures, but since abandoning this plan and using but one, I am sure that in my cases the placenta is more easily and quickly detached and expelled.

Morbid adhesion, which we have designated as the second placental cause of incarceration, may be due entirely to disease of the placenta or may partake to some extent of a uterine source. Barnes says, "True adhesion of the placenta commonly depends upon a diseased condition of the decidual element. The most frequent is some form of inflammation, with thickening, hyperplasia. This, in all probability, began in the

*Smellie's Mid., New Syd. Soc. ed., vol. I, p. 231.

mucous membrane before pregnancy. It is liable to aggravation when the mucous membrane is developed into decidua. Sometimes there is distinct fibrinous deposit on the uterine surface of the placenta; sometimes the decidua is studded with calcareous patches." Morbid adhesion is the most troublesome form that we meet with of incarceration of the placenta. It is rendered more so from the fact that we possess no prophylaxis.

The diagnosis of these several varieties is usually quite readily made. We may suspect morbid adhesion if the uterine tumor is not globular in shape, indicating a more prominent point at the site of the adhesion. We may suspect adhesion if the same trouble has existed in former labors. From the days of Perfect and Smellie obstetric writers have remarked a recurrence of morbid adhesion in successive labors, and every physician of extensive practice can recall examples. In my own practice I have met with three well-marked cases.

We may now consider the treatment of a morbidly-retained placenta. We hold it to be the duty of the accoucheur to be on the alert and attempt, during the closing minutes of the second stage of labor, to secure uniform and firm contraction of the uterus, as we have already indicated, by following down the uterus with a hand grasping it above the pubes. Let firm and persistent efforts be made after the manner of Credè to expel the placenta, but traction ought not to be made upon the cord unless the os is open and the placenta engaging. We consider ergot an improper remedy for expulsion of the placenta. If hemorrhage do not occur we are justified in using the mild means we have noticed, and waiting at least an hour before resorting to more active measures; sooner if severe hemorrhage is imminent.

What is the next step? I will not stop to consider faradization, injection of ice-water into the umbilical vein, etc., for the appliances for using these measures are not always at hand. We have, however, always with us an instrument of great power and usefulness; I mean the obstetric hand. The introduction of the hand into the uterus is not devoid of danger; but if performed with care and gentleness, and the manipulations within the cav-

ity be made with reasonable force, it is not so hazardous as the teaching of many would attempt to inculcate. We should be unwilling to leave the bedside of our patient, if, after other means had failed, we did not at least attempt to introduce a hand into the uterus, and, if successful, then attempt to loosen up the placenta, grasp, and remove it. We think this is the teaching of all or nearly all of our standard text-books of the present time. The extent of our attempts, however, must be governed by common sense and a proper discretion which every physician is supposed to possess. Barnes says, "The true rule to observe is, simply to do your best; make reasonable effort to remove what adheres. It is safer for a woman to do too little than too much. As a warning against attempting too much, and as ammunition to repel an unjust charge of having done too little, remember the following passage from Dr. Ramsbotham, the truth of which I can attest from my own experience: 'Instances are sometimes met with in which a portion of the placenta is so closely cemented to the uterine surface that it can not by any means be detached; nay, I have opened more than one body where a part was left adherent to the uterus, and where, on making a longitudinal section of the organs and examining the cut edges, I could not determine the boundary line between the uterus and the placenta, so intimate a union had taken place between them.'" Dr. Trush's* words are so opportune upon this subject that I will quote them: "The 'golden mean,' here as elsewhere, is manifestly the true course to pursue; we should be neither too timid nor too rash. If the placenta can be detached by any available agency compatible with the integrity of the uterus, by all means detach and remove it, or as much of it as can be thus removed; otherwise leave it to the resources of nature. Just where and when this most desirable level is reached can not be specified in words; each operator must determine this for himself."

In a practice of fifteen years I have never encountered a placental adhesion that required much effort to remove it. I attrib-

*Am. Jour. of Obs., vol. 10, p. 412.

ute my success to a happy choice of cases, and not to superior skill; for I believe cases do occur where the removal is impossible or would produce disastrous results to the woman. Smellie, Denman, Burns, Velpeau, Ramsbotham, Cazeaux, Barnes, and others teach this doctrine, and advise in such cases to allow the placenta to remain in the uterus. And yet we must always bear in mind that a woman with the third stage of labor uncompleted is in a critical condition, and a grave prognosis should be given. I am unable to avail myself of statistics, but, basing an opinion upon reported cases, I think a large majority prove fatal. In successful cases the placenta is sooner or later cast off, or it may be absorbed. In other cases death usually results from hemorrhage, peritonitis, or septic poisoning. One of Storer's cases died from tetanus.

The length of time that elapses from the time of labor until the placenta is spontaneously expelled varies from a few hours to several weeks. Dr. A. Wood Smith* records a case where labor took place in the sixth month and the placenta was not cast off until the end of thirty-four days. The patient did well. The freshness of the placental mass was an interesting feature of the case. McShery† mentions a case where a woman was delivered in the seventh month, and the placenta was not expelled until two months and twenty-three days afterward.

The question of absorption of the mature placenta is one upon which the profession has been divided. Barnes says, "I very much doubt whether absorption of the placenta can be established on good evidence. I feel disposed to regard it in the same light as Velpeau regarded 'vagitus uterinus.' Since men of credit affirm that they have seen it, I believe it; but if I had seen it myself I should doubt." On the other hand, Naegele, Velpeau, Ramsbotham, Cazeaux, and others admit the possibility. Cazeaux says, "After all, analogous phenomena are not wanting. In extra-uterine pregnancies has not the fetus often been found reduced to its bony portions, in consequence of the absorption of the other fluid or solid parts? Has not the

* Half-yearly Ab., vol. 45, p. 230. † Am. Jour. Med. Sci., vol. 19, p. 400.

same thing been known to take place within the uterus when a dead fetus had been retained for a long time? The absorption of a placenta is certainly not more wonderful, especially in cases of abortion, when the placenta is small. The possibility of the occurrence can not therefore as yet be absolutely denied, though it should be received with a certain degree of reserve."

The most elaborate article on the subject of retained placenta at term with which I have chanced to meet is a paper read before the Cincinnati Obstetrical Society, March 8, 1877, and April 11, 1878, by Dr. J. Trush.* The text for Dr. Trush's article was a case where in two successive labors the entire placenta could not be removed, although energetic measures were instituted by himself, and in the second labor with the assistance of Drs. Underhill and Rothaker. In the first labor not more than two ounces of the mass of the placenta were removed, and in the second the detached portion "represented rather less than two thirds of an average-sized placenta." In both cases the patient was closely watched by Dr. Trush for weeks, but no portion of the placenta came away; and he considers that in both instances they were removed by absorption. He gives four other cases of apparently undoubted absorption of the placenta at full term—two quoted from Naegele, and one each from Villeneuve and Porcher. The doctor discusses a *modus operandi* of changes which he thinks demonstrates conclusively that absorption can be readily accomplished.

In the cases where death results from septicemia, hemorrhage, or peritonitis, the time is not protracted many days after labor. Symptoms of peritonitis and septic poisoning usually appear within three days, while dangerous hemorrhage may be postponed to a later date. Some cases will appear to be progressing happily, as in the case mentioned in the beginning of my paper, and the physician and friends may be flattered with the hope of success, when suddenly startling symptoms ensue, followed by rapid death. Dr. Corbett† relates the case of a

*Am. Jour. Obs., vol 10, p. 389, and vol. 11, p. 561.

†Braith. Ret., part 22, p. 271.

woman who was delivered on the 20th day of May. The placenta failing to come away, he made vigorous efforts with his hand in the uterus to remove it, but failed. "The patient progressed as well as is usual in an ordinary convalescence after delivery, till the evening of the 25th, when, after the loss of not more than twelve or fourteen ounces of blood from the uterus, she died, notwithstanding the free exhibition of stimuli; in short, she never rallied from the collapsed state, which immediately followed the discharge, and died in four hours. As I became aware of the intimate adhesion between the placenta and the uterus at my first attempt at extraction, and as in such cases I do not approve of any attempts at removal, no further trial to separate it was made." Inasmuch as the post-mortem appearances in these cases are rarely seen or described, I will trespass upon time and give in Dr. Corbett's own words the report of his case: "The inner surface of the uterus presented a dirty green or blackish hue, and after having been repeatedly and carefully washed was found to be wholly covered by a lining presenting a granular, fleshy appearance, at least one eighth of an inch in thickness, in some places even more. This membrane was with some difficulty separated to a trifling extent from what appeared to be the disorganized lining of the uterus. The placenta adhered to the superior and anterior part of the uterus, rather to the left side, which was the spot where I had felt it. The adhesion was complete, and so perfect that the placenta could not be detached without destroying its own substance or that of the uterus. We could not discover the spot from which hemorrhage had taken place. The structure of the placenta resembled that of a hepatized lung, but was more fibrous, and was so intimately connected with the parietes of the uterus as to render it impossible to tell where the placenta terminated and the uterus commenced. The fetal membranes were also very extensively and intimately attached to the walls of the uterus; indeed so intimately that the attachments could be broken only with great force, and would of themselves have been a cause of retention of the placental mass."

As an epitome of the subject we submit the following:

1. A very large majority of the cases of placental adhesion are amenable to treatment.

2. Although comparatively rare, yet occasionally cases of adherent placenta do occur which resist our best efforts for its detachment.

3. The physician is not justifiable in leaving such a case unless, after using milder means, he introduce his hand into the cavity of the uterus and make proper efforts to detach and remove the placenta.

4. Having done this much and his efforts proving unavailing, he is not censurable for his failure. Post-mortem conditions confirm this assertion.

5. A very guarded prognosis should be given. A woman with the third stage of labor incompleted is always in a critical condition.

6. In the treatment the words of Blundell are true wisdom: "Leave the placenta in the uterine cavity if it can not be removed without the risk of bruising or lacerating the uterus, not because it is not an evil to leave it there, but because to leave it in the uterus is a smaller evil than to abstract it with violence; and we had better abide by the smaller evil than to expose ourselves to the greater evil—that of lacerating, bruising, and killing."

MUNCIE, IND.

TWO CASES OF UTERINE FIBROIDS AND ASSOCIATED PREGNANCY.

BY THEOPHILUS PARVIN, M.D.

Mrs. W., when between two and three months advanced in pregnancy, was found to have a fibroid of considerable size in the posterior uterine wall. Shortly after this discovery, made by a distinguished medical gentleman of St. Louis, she came to this city, where she had resided previous to her marriage, and had been an occasional patient of mine, though never for any uterine treatment, and placed herself under my care. The tumor encroached so materially upon the antero-posterior diameter of the superior strait up to nearly seven months that the induction of premature labor was seriously thought of as a duty that might become imperative. But at the time mentioned it ascended so as to be no longer accessible by vaginal examination. Pregnancy was completed without notable discomfort or disturbance of health. Labor was neither so protracted nor so severe as is often observed in a primipara, and she gave birth to a large living child. The delivery of the placenta was readily effected, and no more than the usual flow of blood succeeded. A month after delivery, her convalescence having been uninterrupted, the tumor was very plainly recognized both by abdominal and vaginal examination.

It is remarkable that in the case above mentioned so large a tumor existed without ever causing menstrual derangement or any discomfort whatever. So too I have more than once observed that where such growths were silent during celibacy they were quite apt to make outcry enough when marriage came and coition determined an increased afflux of blood to the uterus. Sterility too, oftener than pregnancy, is associated with uterine fibroids.

That pregnancy should occur in this case militates against that old notion held by Riolan, Morgagni, and Boerhaave, and which some writers of the present day are endeavoring to re-

vive, that the uterus by a sort of suction draws the spermatic fluid into its cavity; for this uterus, with its posterior wall so largely occupied by the tumor, was incapable of exercising the alternate contractions and dilatations necessary for such purpose. Another argument, by the way, against this theory is found in the well-established fact that where the spermatozoa have been deposited at the vulval orifice impregnation has occurred. If the uterus abhors a vacuum, will it care to pump in the spermatic fluid which is four or five inches away!

The second case which I shall now narrate presents a still stronger argument against the theory that the uterus by its own action draws, as the ox drinketh in water, the spermatic fluid into its cavity; for the tumor was very much larger than in the first patient.

Miss S., twenty-seven years of age, came under my care in the spring of 1876 for metrorrhagia. This disorder I found to be the consequence of a fibroid tumor occupying the anterior and the right side of the womb, which extended two inches above the umbilicus. For three months hypodermic ergot was used; first on alternate days, and then, as improvement took place, only once in four or five days an injection was made. The improvement was very marked, the metrorrhagia relieved, and the tumor diminished one third in size in the period mentioned. Shortly after the patient removed from the city, and I did not see her again until a few months since. In the interval her health had been generally good. She had married, and was at this time four months advanced in her first pregnancy; and having returned to Indianapolis to reside, wished me to attend her in her confinement. I found the tumor still quite large, nor did the further progress of pregnancy diminish, but rather increased its size. The eighth and especially the first half of the ninth month gave her great distress from the excessive distension of the abdomen; still there was no renal disorder, and only moderate swelling of the lower extremities. Labor set in two hundred and eighty-two days after the last menstruation, and after it had continued thirty-six hours, the first stage not even then

being quite completed, I applied forceps, and in half an hour delivered her of a living child weighing upward of seven pounds. Of course I had some fear of hemorrhage in connection with or after the third stage of labor, and had provided every thing that would be needed in such an emergency. Happily, however, this accident did not occur, and the placenta was delivered without difficulty. The lochial discharge was more profuse, and remained sanguineous longer than usual. Two weeks after labor the upper margin of the uterus was only a finger's breadth below the umbilicus. My reasonable hope is that the tumor will be notably diminished with the process of uterine involution.

I am sure that the tumor in this case greatly delayed the first stage of labor; for while the suffering was severe the contraction was inefficient, and the os dilated very slowly. It was because of this protracted suffering, which began to show a marked effect upon the patient's strength, that I seized upon the earliest safe moment, as it seemed to me, for the application of the forceps.

In neither of the cases here narrated could the placenta have been attached to a surface corresponding with the tumor, otherwise its removal would have been followed by serious hemorrhage. Finally, the second case shows that hypodermic ergot may not only relieve the urgent symptoms of a uterine fibroid, materially reducing its size, but also that the uterus may subsequently permit pregnancy and parturition to occur without accident.

INDIANAPOLIS, IND.

FOREIGN CORRESPONDENCE.

My Dear Yandell: LONDON, October 15, 1880.

The annual meeting of the British Medical Association held this year at Cambridge was a success both scientifically and socially. Scientifically I put first for a reason, because it is the fashion now to decry these professional gatherings and to consider them but an excuse for a week of idle enjoyment. I emphatically protest against this view, and I think you will agree with me when I tell you something of the work that was done. Cambridge, one of our noble seats of learning, is an appropriate halting place at the present crisis of medical education. There is not another medical school in the country that so fairly represents the growth of the young plant, scientific medicine. When we think how few years have passed since medicine was in the hands of ignorant charlatans and quacks, and was consequently scouted by all men of learning, it is scarcely credible that one of our noble universities received this despised Cinderella and welcomed her as an equal. To what is all this change due? To the substitution of scientific rational medicine in the place of pure empiricism and superstition. To such men as the president of the Association, Dr. Humphrey, Michael Foster, and the presidents of the various sections, we, as a profession, not limited by the narrow ties of nationality, owe a debt of gratitude not easy to repay for the manly way in which they have assisted in elucidating truth.

Perhaps the one subject offering most opportunity for beneficial results was the discussion on micro-organisms and of antiseptic treatment of disease. The paper of Dr. McVail, containing statistics of surgery ranging over a period of about ten years at Kilmarnock Hospital, presented some features of special interest in this connection. He contends that his system, which is that of dry-dressing, antiquated as it has been the custom to consider it, has been demonstrated to be most efficacious; and he points to a matured experience of fifty years in support of that opinion.

In amputations bleeding was carefully quenched, and no liquids were applied to the raw surface; and in compound fractures he advocates "blood-dressing," and infrequent dressing where there was no discharge. He cites the experience of Drs. Cameron and Borland in support of his views, and gives the death-rate occurring in their hospitals, which sum certainly is exceptionally low.

To this Professor Lister replies that he does not deny Dr. McVail's facts, but considers them due rather to unusually good fortune than to the absence of antiseptic treatment, and insists that the atmosphere and surroundings of a hospital are not sufficiently favorable to warrant dispensing with corrective adjuncts, although such aids might be less essential in improved sanitary conditions. Experiment has shown him (he says) that a patient not treated antiseptically is more at the mercy of accidental septic inoculation, inasmuch as he was able, with a partially infinitesimal quantity of material from a putrefying liquid, to cause the development of bacteria in serum previously pure, which, having been obtained under antiseptic precautions, had remained unchanged for seven or eight days at a temperature of 99.5°. From this he argues that the antiseptic method affords a means of effectively warding off all danger of septic infection. He is also careful to point out that as bacteria can not flourish in a concentrated albuminous medium, "blood-dressing" is itself antiseptic.

After giving an epitome of Koch's observations on the infective diseases of wounds and the modifications produced in the specific septic organisms by transmission from the common mouse to the field-mouse, Professor Pasteur has demonstrated that virus of fowl-cholera containing specific bacteria, when cultivated out of the body, and thus by descending germination gradually becoming reduced in its potency, is reinoculated, the fowls thus treated are thereby protected from the otherwise fatal effects resulting from the inoculation with the original virus.

Similarly M. Toussaint has succeeded in so far reducing the intensity of the virus of malignant pustule (splenic fever) that animals inoculated therewith are rendered insusceptible to the

original disease; and he argues that if, acting on these lines, we should fail in stamping out or reducing the mortality of these and kindred diseases in the human subject, ample benefit will accrue from the salutary effect of such treatment if applied to animals. Apropos of this, the recent outbreak of so-called Texan fever among cattle imported into Liverpool from America, which has proved to be splenic fever, will probably be found amenable to like treatment.

The able address of Dr. Michael Foster in the physiological section calls special attention to the necessity for a more careful study of that branch of medicine, dealing as it does with that portion of human organism which is most nearly associated with disease. With no desire to underrate anatomy, he yet considers that the importance of these initial studies should be referred to. He would, if it were feasible, require that every seven years the practitioner should renew his acquaintance with the dissecting-room for twelve months; but he looks upon anatomy as more of a mental exercise and of a ready means in examination of testing the application of the student and less a gauge of his capability of coping with the diseases with which it is the duty of the medical man to battle. "When," he observes, "the candidate is expected to describe, within the error of a few millimeters, the structures traversed by a bayonet thrust obliquely through the neck, or is invited to reproduce written photographs, no less exact, of the parts which from skin to skin underlie a triangle or quadrangle drawn in ink on the front or back of the thigh, it is clear the examiner has in view, not the needs of practical life, but an easy means of testing the proficiency of the student in mnemonic gymnastics."

In his address on medicine Dr. Bradbury dealt with the modern position of scientific medicine and the progress made in recent years by the application of physiological instruments and methods to the investigation of morbid processes. He mentioned more especially the advance in the exact diagnosis of idiopathic anemia by the use of the microscope. In this disease the diminution of the number of red corpuscles, their paler

color, and the peculiar alteration of their size and shape have frequently enabled the disease to be distinguished from leukemia and simple anemia. Dr. Gowers's ingenious hemacytometer for counting the number of corpuscles with greater accuracy than the instruments of Malassez and Nachet and the hemaglobinometer of Gowers and Malassez enable us to judge of variations in the number of corpuscles as well as the amount of hemaglobin present in the blood, and thus to decide more precisely the result of various diseases on the blood and the effect of remedies used for anemia.

From the microscope he passed to the thermometer, the use of which has done much to refute the statement that we have even yet no science of medicine. In general diseases he referred to its value in the diagnosis of hyperpyrexia, and indicating its appropriate treatment by cold bathing. He also noticed the statistics of Jürgensen, Liebermeister, Ziemssen, Brand, and others dealing with treatment of enteric and other fevers by cold baths, which has resulted in the reduction of one half or more of the mortality of the former disease in Germany. Dr. Bradbury's own experience of the method is limited to one case of enteric fever, and there is still far too great hesitation on the part of the profession in England to adopt its use. Failing as they do to appreciate that the effects of a temperature not exceeding 103° F., if sufficiently prolonged, are as certain to produce fatty and granular degeneration of the heart, muscles, and abdominal viscera as a hyperpyrexial temperature of say 108° F. They too often postpone the use of cold bathing, either completely or until cardiac degeneration has already set in. The fear of its causing pulmonary complications has tended to foster this hesitation; but the experiences abroad, extending over many thousands of cases, and in this country at the London Fever Hospital and at St. Thomas's Hospital, in the practice of Dr. Ord have shown that the percentage of pulmonary complications is diminished rather than increased, even acute pneumonia showing, according to Ziemssen, a marked diminution of mortality under cold bathing. At the London

Fever Hospital I have myself seen several cases of enteric fever complicated by extensive capillary bronchitis, in which, after four or five days' treatment by cold baths, both the fever and the bronchitis were almost entirely subdued. In scarlatina, with or without pulmonary affections, in which the temperature continuously exceeded 103° F., cold bathing again reduced the pyrexia without, in a single instance, causing albuminuria or rheumatism. Statistics in Germany show the mortality, instead of eighteen to twenty per cent, which is about the rate of enteric fever cases treated in the London general hospitals, to be about seven or eight per cent; and at the London Fever Hospital before mentioned, during the comparatively few years the antipyretic treatment has been systematically applied, the entire fever death-rate has been reduced from sixteen to twelve per cent. But the reduction of mortality does not represent all the advantages of this mode of treatment. When we see a patient in the full gravity of the typhoid state, roused from coma after each bath, sleeping comfortably, and with but slight if any mental disturbance; when the pulse becomes fuller and stronger, the respiration slower and deeper, and the subsultus and tremors diminish, while the dry, brown tongue becomes moist and clean, we can not refuse to believe the testimony of our eyes and acknowledge the marvelous efficacy of this simple but much-overlooked plan of treatment. But it is in the *prevention* rather than in the cure of the typhoid state, and the cardiac and cerebral paralysis which accompany it, that cold bathing is specially of use; and for this object it should be commenced early in the course of the disease and systematically carried out.

Dr. Bradbury then noticed the observations of MM. Peter and Vidal on local temperatures in acute pleurisy, phthisis, and abdominal disease. On the affected side in acute pleurisy the temperature was one half to two degrees C. higher than the average temperature of the patient and always somewhat higher than the sound side. In cases with local development of tubercle he has found a rise of temperature over the part affected, even though physical signs have failed to establish the diagnosis.

Passing to the ophthalmoscope, the lecturer enumerated the various diseases the diagnosis of which is materially assisted by the use of this instrument. Dr. Hughlings Jackson and others have shown how frequently cases of supposed brain-disease are indirect effects of anomalies of refraction readily recognizable by the ophthalmoscope, and how the correction of a hypermetropia or a myopia by appropriate spectacles may completely remove these quasi-cerebral symptoms. In the diagnosis of Bright's disease and in some cases of inherited syphilis the ophthalmoscope has often given the first indication of the true nature of the disease, and the simply optic atrophy met with in some cases of locomotor ataxy is often present before obvious ataxic symptoms have declared themselves. Intercranial tumors —four fifths of which, according to Gowers, are accompanied by optic neuritis—form another class in which the routine use of this instrument is of value in prognosis as well as diagnosis.

By the use of the sphygmograph—an instrument which hitherto has played the part of a scientific toy rather than one of practical value in diagnosis—the existence of persistent high tension in the blood-vessels and its bearing on the development of Bright's disease, atheroma, and puerperal eclampsia have been ably demonstrated by Handfield Jones, Mahomed, and others. Mahomed has shown that in Bright's disease, before albuminuria and definite tissue-change have taken place, a recognition of persistent high tension and its treatment by rest, a less nitrogenous diet, purgatives, diaphoretics, and, if necessary, bleeding, enable us to arrest the progress of this otherwise fatal malady. He points out that the *pulsus magnus durus et tardus* which the old practitioners invariably bleed was exactly the pulse of high pressure as we now recognize it. The sphygmograph is also useful in distinguishing the intermittent albuminuria of adolescents, in which the arterial pressure is quite normal or even lower than natural, from true Bright's disease.

I have mentioned some of the chief points of Dr. Bradbury's able address, especially those that might fairly arrest the attention of practical men, but I would advise those of your readers

whose interest I have aroused to read the paper in full as published in the British Medical Journal; and not only this paper, but that by Dr. Crichton Browne in the section of psychology, to which I now turn. Certainly this burst of eloquence is refreshing midst the routine of ordinary work. It is difficult, nay impossible, to abstract from it with fairness, as every line is full of knowledge and experience, described in language that few besides Dr. Browne have the power to utter. There is not a man in the profession who has a better right to speak with authority on his special subject than the able author of this address. He has raised himself by his intrinsic merit to the very summit of the medical ladder. His career at Wakefield, where he did a work second only to Conolly, must have been well known to his hearers, who listened in rapt attention to the speaker's charming delivery, and tended toward the unanimous and hearty applause which greeted him at the conclusion.

There are some who think that mental diseases should form a part of the training of medical students, and that they should be examined specially in them. Dr. Crichton Browne does not agree with those who advocate this view. He urges rather that the modern medical student is a much overtaught and overexamined animal; that the proper system of medical education should be a system in which the student is well grounded in the rudiments of professional knowledge, so that in after life he will have a sure and safe foundation upon which to build the superstructure of special work. Surely this is the end at which we are all aiming. It is folly to imagine that every practitioner in the land should have a perfect understanding of the minutiæ of special diseases many of which require years of patient toil and investigation to comprehend; but what we do expect is that every medical man shall have a general knowledge of the now established principles of medicine, so that he may be enabled to direct his studies in a proper direction and assist in the investigation of some of the problems of disease.

Dr. Browne spoke of "circles of mental disorder," mentioning three—the insane, the crazy, and the neurotic. He said that

in these three circles interchange and circulation are constantly going on. A person who has been simply neurotic becomes suddenly insane and rushes into the central circle. A certified lunatic recovers partially, and, being emancipated from restraint, steps into the crazy circle; and a crazy being with occasional acute exacerbations of his craziness, requiring temporary asylum treatment, oscillates between the crazy and insane circles; and these circles are not sharply demarkated from each other. On the contrary, the whole mass of mental and nerve disease is finely graded from the center to the circumference, and the lines inclosing the circles into which it is for convenience divided are drawn in an arbitrary manner and are not by any means fixed and immovable! Dr. Browne then dwelt on modern nervous diseases that arise from overwork.

Mr. Timothy Holmes delivered the address on surgery, taking for his subject the influence of Fergusson on conservative surgery, more especially in connection with the excision of the knee- and hip-joints. The address was simply a review; but its value should not be underrated, as it is useful from time to time to hear how we stand as compared with a few years back.

Mr. Savory, of Bartholomew's, opened the section of Surgery with an address on Constitutional Disturbance, and Dr. W. S. Playfair the section of Obstetric Medicine with an able paper on The Teaching of Obstetric Medicine.

Perhaps of all the addresses and papers I heard at Cambridge none gave me such real pleasure and satisfaction as that delivered by Sir James Paget in the Pathological section. One of your countrymen who was sitting next to me remarked, "This is the best thing I have ever heard; he is a master not only of surgery but oratory." The beauty of this address was its simplicity; the merest tyro in the profession could have understood every word, yet I venture to say the most distinguished of Paget's hearers carried away something to think over in the solitude of his study. It is said that Paget writes out every word of his addresses and accurately gets them up beforehand, so that he delivers them exactly as they are written. Whether

this is true or not, I do not know; but I am inclined to believe it, as he goes steadily on, sentence by sentence, never repeating a word. His subject was the comparison of the pathology of plants and animals, or, rather, the lesson to be derived by us from the study of the former. In conclusion he urged each and all of his hearers to devote themselves to some special scientific study and not to content themselves with the vain delusion that they were doing scientific work because they were practicing the profession of medicine. He pointed out how little could be done in the railway and in the steamship, or, in other words, during the contest of life, but rather that time should be set apart each day for quiet, thoughtful meditation if the individual had any desire to acquire the habits of scientific work.

A few words, before I bring my letter to a close, on the social pleasures of the week at Cambridge. On Wednesday the reception committee entertained the Association at a soirée in the Fitzwilliam Museum and Ground of Peterhouse College. The soirée was a most brilliant one. The spacious building was lighted throughout with electric light. This, with the bright and gay dresses of the ladies and the cheerful music of the band, made the scene most effective and fairy-like. On Thursday evening was the public dinner, about which there is nothing special to relate except that the speeches were relieved from their usual dullness by the eloquence and wit of Prof. Haughton. The *conversazione* on Friday evening, the last day of the meeting, was held in the Garden of St. John's College. This gathering was acknowledged on all sides to be one of the most delightful ever known even by the oldest member of the Association. The Garden of St. John's lies at the back of the college. To reach it it is necessary to cross the river Cam by a bridge. Picturesque indeed the bridge and river is by daylight, but you can hardly imagine the effect when lighted up with Chinese lanterns and electric light at night. To add to the effect, a party of glee-singers in a boat, with lanterns in their hands, rowed slowly up and down, singing well-known glees and part-songs. And in this way the annual meeting of 1880 terminated.

Reviews.

Transactions of the American Gynecological Society. Volume 4. For the year 1879. Boston: Houghton, Mifflin & Co. 1880. Pp. 506.

Of the forty-nine fellows and eleven honorary fellows who compose this Society thirty-one fellows and two honorary fellows met in John Hopkins Hall, Baltimore, and conducted a three days' meeting beginning on the 17th of September, 1879.

During a business meeting on the 19th, "with a view to making possible the earlier publication of the annual volume of Transactions, the secretary moved that the privilege of having proofs for revision be no longer accorded to authors of papers read at the meetings, which was by vote rejected. So the fellows decided that they would prefer to supervise their own proofs, even if it did delay the publication of the Transactions. Perhaps this is the correct thing for a small society of select membership whose papers have the value of careful preparation, but for the larger and more promiscuous assemblages of doctors whose essays are not prepared with such painstaking it would not be a good rule. Such societies should have their papers sifted through a discreet publishing committee, the undeserving ones rejected and those of importance promptly published in a volume, or, perhaps better, in appropriate medical journals.

J. Marion Sims was selected president for the ensuing year; W. T. Howard, of Baltimore, and Robert Battey, of Rome, Ga., vice-presidents; J. R. Chadwick, of Boston, continued secretary; and P. F. Mundé, of New York, treasurer. The fifth annual meeting to be held in Cincinnati on the 1st, 2d, and 3d of September, 1880.

Besides the president's address twenty scientific papers were submitted and an obituary of an honorary fellow. Sixteen of these papers were by fellows present, three by absent fellows,

and one by an absent honorary fellow. Eleven were read by their authors, two written by absentees were read by the secretary, and seven were referred to the publishing committee without reading, for want of time, and the same disposition was made of the obituary.

Dr. T. Gaillard Thomas's president's address is entitled The Gynecology of the Future and its Relations to Surgery. Before reaching the special theme of his address President Thomas makes some suggestive remarks concerning the origin of gynecology as a distinct branch of medical practice, and points out some of the hindrances that may retard its perfect symmetrical development and prevent the early attainment of its true status in the recognition of the general profession. One of its disadvantages, as compared with other specialties, is that delicacy forbids the freedom of demonstration of its propositions so fully as with them. And this leads to a spirit of dogmatism in its literature that is an element of weakness. "Thoughtful men in all departments of science have ever recognized dogmatism as the livery worn by superficiality and undeveloped knowledge." He illustrates the practical mischief that comes of this error by reference to the abuse of sponge tents after they were popularized by Simpson; of the present improper performance of Emmet's operation of tracheloraphy, in itself a most excellent conservative procedure. Recently a lady suffering from dysmenorrhea and sterility called on Dr. Thomas. She had some years before called on one eminent gynecologist, who cut her cervix uteri widely open without benefit. She then consulted another specialist, who condemned the treatment of the first and sewed up the cut, but still without improvement. The third gentleman was appealed to, who declared the second man wrong and the first one right, only his cutting was not deep enough, and he would now perform the operation thoroughly; but, declining this until she had further advice, the lady consulted Dr. Thomas, who found both ovaries enlarged, tender, and prolapsed into Douglas's pouch, evidently the cause of both the dysmenorrhea and sterility.

These sentiments of Dr. Thomas are full of promise. The general practitioner has not infrequently forced on his attention the dogmatic errors of specialists; but when we find one of the most distinguished gynecologists in the Union, and President of the American Society, in his official capacity pointing out, in a spirit of improvement and good fellowship, and in the earnestness of acute professional humanitarianism, the source of defectiveness and the stumbling-blocks of true progress, we may be sure that gynecology will emerge from these clouds in less time than other specialisms have, notwithstanding the inadequacy of its means of demonstration, and with a shorter account of professional sins to answer for. Comparatively few intelligent general practitioners but admit the utility and most of them the necessity of specialists, but this does not close their eyes to the fact that specialists are human and have need to guard against the imperfections of our common nature and lessen them as strength and opportunity offer.

President Thomas opens up another view of prime importance in demanding some plan whereby general medical literature may pass through the alembic of fearless, impartial, and able criticism; and for the productions of his own society claiming that "just men might be selected from our own number who would dare to nail false coin to the counter even if it emanated from the hands of a king; to pronounce the true above the suspicion of dross, even if it came from those of a slave." And he honors himself and his nominees in saying that "a society having upon its roll the names of Reeve, of Parvin, of Goodell, and of others such as they" has the material for a board of critics whose courage, learning, acumen, and fairness would command the respect of all readers with knowledge. All this means that medical reviews and book-notices should be conceived and executed in the interest of science and humanity, and not for the benefit of publishers nor the glorification of authors. Certainly no attentive reader of the reviews and book-notices of the majority of medical journals will dissent from the value or the timeliness of this recommendation of President Thomas.

Dr. Thomas takes a hopeful forecast of gynecology. Its future is to be marked by rapid progress, and yet by sound discretion. He condemns alike the clogging conservatism which would prevent progress by forbidding change, and the temerity that runs into recklessness for the sake of notoriety in daring and doing things novel. He forcibly presents the necessity the true gynecologist is under to perfectly understand what can be accomplished by constitutional treatment and what by local interference with instruments or otherwise, and he has nothing but condemnation for one who dallies with medicaments when surgery is demanded, or plies his instruments for effect when scientific knowledge forbids their use. He deems the time not distant when a certain antagonism now common enough between the general surgeon and the gynecologist will fade out, and the former will recognize as strong a necessity for the latter as he now does for the ophthalmologist. Perhaps. But before this prophetic unity is realized gynecologists must attain a rational harmony among themselves and abate much of that arrogant personal self-assertion so prominent in their publications.

Two articles on intra-uterine therapeutics are full of instruction and promise, not *per se*, but in connection with the discussion they excited. Dr. J. P. White, of Buffalo, under the title "Hints relative to Intra-uterine Medication," says, "While the most potent caustics, as fuming nitric acid, may be applied in full strength to the mucous membrane of the neck or body of the uterus . . . without exciting grave symptoms, no liquid, however bland, can be injected into the uterine cavity without the liability of exciting terrific uterine colic, if nothing more serious." Dr. Barker, when the discussion opened, was of the opinion that where the os externum is of the normal size of the unimpregnated uterus no liquid can safely be injected, but after labor or abortion, or where the uterus is enlarged by fibroids, injections may be safely made and are valuable. Dr. Byrne twelve years ago had injected the uterus two thousand times, but has abandoned the practice for years, except sodium chloride water after certain operations. The normal uterus will not tol-

erate injections of any kind, nor will the abnormal uterus admit of injections of solutions of nitrate of silver nor chloride of zinc. Dr. Mundé does not use intra-uterine injections. Dr. Goodell within the last three or four years has resorted to uterine injections, and with some satisfaction. No harm will come of these injections when the womb is diseased, except in those puzzling cases known as hysterical or nervous. Dr. Wilson in his early experience was so terrified by an injection into the uterus that he has never repeated it. And Dr. White, in closing the debate on this point, said, "With regard to intra-uterine injections, I think we all agree that they should not be made." The verdict therefore of these distinguished gynecologists is almost unanimous against injection of fluids into the non-puerperal uterus for any purpose whatever.

But intra-uterine injections was an incident in Dr. White's paper. His main points were to make suggestions concerning the proper way to prepare and apply sponge tents, and to advocate the advantage of certain instruments of his own invention in applications to the womb; but the fellows were not so highly impressed with the author's measures as the author himself was.

Dr. Robert Battey, of Rome, Ga., read the second paper on intra-uterine therapeutics, and it was chiefly devoted to the elucidation of the virtues of his preparation of a twenty-five-per-cent solution of iodine in carbolic acid which he names iodized phenol. He presented this medicament to the profession through the American Practitioner, February, 1877, but desired now to call the attention of the fellows to the increased confidence in its virtues that a larger experience had brought him. For application the medicine is absorbed by cotton, which is carried into the womb on slender, tapering, hard rubber probes, and may be left there twenty-four hours if deemed best, and then withdrawn by a thread attached before insertion. The remedy is so rapidly absorbed that it is tasted in the mouth and throat in ten or even five minutes after application. Dr. Battey illustrates his use of iodized phenol by reporting fifteen cases of serious endo-metral disease treated with it successfully, and no failures. This paper

of Dr. Battey's and that of Dr. White's opened the whole subject of intra-uterine therapeia, and each is open to the imputation of that taint of dogmatism which the president laments in his address.

The two papers were discussed together. The views of the fellows concerning intra-uterine injections has already been given. Another point pretty fully ventilated was the dilatation of the uterine cervix. There was great diversity of opinion about the use of tents. Apparently the prevailing sentiment was that the employment of them should be confined to exceptional cases; and then not sponge tents, but laminaria; and these not single, but four or more small ones instead of one large one, the reason assigned being the injury done to the canal in withdrawing the single one with its unavoidable bulbous free end in the womb. Dr. Thomas advocated what is called the tupelo tent introduced to the profession by Dr. Sussdorf, of New York.

Near the close of the debate Dr. Thomas gave his view touching the general subject of intra-uterine medication in an impressive manner. Speaking of uterine catarrh, he condemned the routine practice that had been advocated by other fellows as producing "a lymphagitis that commonly goes on to cellulitis and peritonitis. I am sure that I am within truthful bounds when I say there are hundreds and hundreds of women in this country alone who are suffering from this disease, which has been produced by the use of the very means to which allusion has been made today. While I do not mean to side with those who go so far as to discard intra-uterine medication entirely, I am less inclined than those who have spoken today to carry substances beyond the os internum."

This was not, however, the dominant sentiment among the fellows who spoke, nearly all the talkers favoring intra-uterine medication, though no two could agree in all details, and some of them had extreme divergence.

The first of Dr. Battey's fifteen cases had been growing worse for ten years before he saw it, and it required the application of his iodized phenol two and a half years, when she was restored

to health and "bore a healthy and interesting child to cheer her advancing years." Dr. Sims thought this case "could have been cured in three or four weeks' time simply by the use of the curette, without other intra-uterine medication." But Dr. Sims did say that the curette would have enabled the patient to bear an "interesting child to cheer her advancing years." Iodized phenol is a thing of magic power indeed if its touch not only heal the crippled womb, but charm it into the production of children specially blessed to solace their mothers in the afternoon of life.

Several of the fellows spoke of the necessity of accurate diagnosis preceding the more heroic treatment of the interior of the womb, but throughout the consideration of the subject, to the reader at this distance, there seems to have been a lamentable lack of attention to diagnosis while advocating most decisive therapeutics. When the era of demonstration that President Thomas hopes for has come this incongruence will disappear.

The Treatment of Puerperal Septicemia by Intra-uterine Injections was presented in two papers—one by Dr. Edward Jenks, of Chicago, and the other by Dr. James R. Chadwick, of Boston. Both warmly advocate intra-uterine injections for septicemia. The former prefers carbolated washes, but thinks well of a solution of permanganate of potash, and sometimes uses them jointly. The latter relies on the permanganate of potash, which he prepares extemporaneously thus: "A few crystals are simply sprinkled into a basin or cup of hot water and stirred until the solution is a deep claret color, no more exact estimate of its strength being required."

Dr. Jenks was not present, and his paper was read by Dr. Chadwick, who followed it with his own. A lengthy discussion ensued the reading, disclosing much diversity of sentiment concerning the propriety of injecting the puerperal womb, but its justification, and its value in septicemia originating there, was the prevailing sentiment.

Dr. Kimball opened the debate with these words: "I feel

myself incompetent to discuss septicemia generally. I have, however, seen a great deal of it in connection with ovariotomy, but I am yet ignorant of its nature and what to do for it. One thing, however, has struck me as remarkable, that some of the worst cases I ever met—cases in which the discharges incident to ovariotomy have been of the worst quality, most persistent and offensive—have really done the best, while in many other instances in which there was no discharge at all, nothing to indicate the presence of a foul element, following the constriction of the pedicle, for example, in these cases septicemia or symptoms like septicemia have developed and the patients have sunk very rapidly." This was after the papers had been read and before the discussion; but it is not probable his mind was enlightened by the subsequent speakers, not because they were not intelligent men, but because septicemia is a sort of Central Africa in pathology, with few Stanleys to penetrate its mysteries.

A Contribution to the Pathology of the Cicatrices of Pregnancy, by Dr. Samuel C. Busey, of Washington, is a collating of the views of others touching the nature of the strix on the abdomen of many parous women, and sometimes on sundry parts of the body of both sexes, and his own conclusions founded on original investigations and illustrated by original drawings from nature. These so called cicatrices are not true cicatrices, but are due to a change in the arrangement of the proximate elements of the skin caused by stretching, loss of elasticity, and atrophy of all the strata. The dissertation is an intelligent and approaching an exhaustive presentation of the subject, and when opened for discussion Dr. Barker said the paper was so able and scientific that he was sure no fellow present was in condition to discuss it, and could not be without careful study. So the discussion was postponed, and the president announced that this would be recognized as a great compliment to the author.

Dr. Paul F. Mundé, of New York, read a valuable practical paper on Prolapse of the Ovaries, which was discussed by Drs. Battey, Skene, Goodell, Bozeman, Reamy, Barker, Busey, Smith, Chadwick, and the author. Dr. Mundé says, "Among sixteen

hundred unselected gynecological cases which have come under my care during the last few years, and of which I have kept accurate notes, there were one hundred and forty-five cases in which one or both ovaries were palpable; in sixty-eight cases the ovaries retained their natural position; in seventy-seven cases they were prolapsed." This is equal to 4.8 per cent of his cases, and is a much more frequent happening of dislocation of the ovaries than is usually supposed. A thoughtful reading of Dr. Mundé's paper and the discussion it created by the general practitioner would probably help him to a satisfactory solution of some of the obscure cases of nervous females that puzzle him exceedingly.

In connection with the above is the report of Mr. T. Spencer Wells, of England, of his only operation for the removal of both ovaries for dysmenorrhea. He did Battey's operation, and it was fairly successful, though some dysmenorrhea remained and a ventral hernia was produced. The steps of the operation are detailed with delightful simplicity and clearness, and to the learned and skilled fellows of the Society it may have appeared all that could be expected from the world-famous ovariotomist of London; but to the general practitioner it has a look of want of care or lack of skill in a surgeon for him in picking up the peritoneum to open it, to lift up with it a coil of intestine and cut through both at the same stroke. True, Mr. Wells sewed up the intestine, and no harm came of the accident apparently. Then again when the dressings were taken from the incision in the abdomen on the fourth day he was surprised to find two pieces of omentum protruding between the stitches, the upper piece two inches by one inch in size, and the lower one inch by one inch. These he tied and cut off, making no effort to replace them, and so far as noticed they gave but little trouble, but the permanent ventral hernia was probably due to this mishap.

Certainly in the hands of Dr. John Byrne, of Brooklyn, Kolpo-cystotomy by Galvano-cautery—that is, an opening from the vagina into the bladder by instruments of his own invention—is a neat and expeditious operation. This opening is now

a recognized American procedure for the relief of chronic internal inflammation of the bladder; and while several methods are employed to do the operation, none of them appear so simple and efficient as the one recommended by Dr. Byrne in this communication.

During the year preceding his report Dr. A. D. Sinclair, of Boston, assisted by Dr. Wm. L. Richardson, measured the uterine cavity of one hundred and eight women in childbed. This was done in the Boston Lying-in Hospital, and at the time the patient left the institution, varying from the eighth to the forty-eighth day, but mostly about the fifteenth day after confinement and averaging the seventeenth day, seventy-five were primiparæ, thirty-three multiparæ; average age twenty-three years. Dr. Sinclair was surprised at the result of his labor, and the reader will doubtless be surprised also. The least measure was two and a quarter inches, in a primipara, taken on the twelfth day, and the greatest four and a half inches, in a primipara also, taken on the thirteenth day. The great majority of them ranged from two and a half to three and a half inches, and the average for the whole lot was 3.02 inches. Dr. Sinclair regrets that the measurements were not all taken on a fixed day after parturition, regardless of the condition of the women, and one may add a regret that measurements were not taken on several fixed days beginning much nearer the close of labor than any here reported.

As incidents in this report the following curious facts appear: In the Boston Lying-in Hospital patients leave their beds for the first time on the tenth day after confinement, and are expected to leave the institution on the fourteenth day, if able. Chloral is frequently given in the first stage of labor to promote the dilatation of the os. The perineum is supported. After the placenta is removed a dram of the fluid extract of ergot is given, and Dr. Richardson continues its use two or three days in fifteen-minim doses three or more times daily. The vagina is washed daily one or more times with a one-per-cent carbolized lukewarm water. And yet Boston was the habitat of Jacob

Bigelow, and many persons there are supposed to have studied Sir John Forbes. It would be interesting to examine the statistics of parturient mishaps and puerperal troubles in the Boston Lying-in Hospital.

The paper by Dr. Isaac E. Taylor, of New York, on The Early Application of the Forceps in the First Stage of Natural Labor is not an agreeable scientific essay. It is neither pointed nor lucid. He says, "I shall not appeal to statistics, for they are misleading, and can be applied to either side of a question to meet the requirements of individual views. I attach but little value to statistics generally." And yet, beginning with the next paragraph, he studs and braces and supports the remainder of his dissertation with an odd succession of statistics in a quite confusing manner, such that Dr. Goodell, in opening the discussion, said, "This paper is so elaborate, covers so much ground, and is so full of statistical figures that I feel it would be impossible for me to discuss it in a satisfactory manner without first seeing it in print;" and Dr. Reamy at the close of the debate said, "I shall be obliged to wait until the author of the paper tells me more specifically what the object is in recommending the early introduction of the forceps in the first stage of natural labor." Readers of the paper will have to exercise patience along with the last speaker.

Dr. William Goodell's paper entitled "Clinical Notes on Elongations of the Cervix Uteri" is a clear, compact statement of his views which can not be misunderstood. He distinguishes two classes of cervical elongations—one above the attachment of the vagina, the other below; the former not a rare condition, the latter less often met with, and both very commonly regarded as prolapse of the womb. He treats first of the supra-vaginal elongation of the cervix, presenting the etiology, pathology, and treatment; the last consisting of the amputation of the infra-vaginal portion; and he illustrates his method and his success by an intelligent report of twelve cases successful and two fatal, stating that these do not cover his entire experience, but includes only those successful cases whose after-condition he has been

able to command. For the amputation he prefers the cold wire, the hot wire being too liable to secondary hemorrhage. Elongation of the infra-vaginal cervix is a less serious affair, easily recognized, and to be treated in like manner as the other variety.

The discussion was conducted by Drs. Reeve, Dunlap, Skene, and Taylor, and each found some point in the paper on which to compliment the author.

Mismanaged Labor the Cause of Much of the Gynecological Practice of the Present Day is the title of a paper by Dr. Jos. Taber Johnson, of Washington, full of glittering generalities and statements and opinions without proof, such that it can not be valued for its science, and robs it of all hope of any practical importance.

Dr. J. C. Reeve, of Dayton, reported a case of extra-uterine pregnancy in an Irish married lady twenty-five years old, who had had one previous pregnancy terminating normally. Diagnosis was difficult, but himself and Dr. Reamy as consultant decided that it was an abdominal extra-uterine pregnancy, and at the end of the third month—on the 28th March, 1879—Dr. Reeve applied electricity, devitalizing the embryo. The tumor gradually subsided, and with it the unpleasant symptoms abating until the 31st August, when the report closed. An interesting debate followed the reading of this paper, participated in by Drs. Wilson, Reamy, White, Mundé, Battey, and Thomas, referring to many cases in the experience of the speakers, the remarks of President Thomas being quite extensive, disclosing his views of extra-uterine pregnancy liberally.

Dr. Ely Van de Walker, of Syracuse, prepared an excellent review of The Relations of Symptoms to Versions and Flexions of the Uterus, and for want of time to hear it read the Society referred it for publication unheard. It is a temperate and candid summing up of the teachings of distinguished writers on the theme, with his own deductions therefrom as sanctioned by his clinical observation. He reaches the conclusion that there are no specific symptoms of versions or flexions, but that they must

nevertheless be regarded as pathological conditions worthy of attention because they may be the foundation of serious lesions from exciting causes that would otherwise be innocent, or, it may be, a condition, itself innocent, which, joined to another condition equally unobtrusive of itself, the united two may prove a distressing disturbance.

Chronic Inversion of the Uterus was presented by Dr. W. H. Byford, of Chicago. Dr. Byford was not present, and his paper was ordered published without reading. A married Irish woman twenty-six years old had had complete inverted uterus from the time of her first confinement fourteen months before. The womb had undergone hyper-involution, and was very dense and firm, and he reposited it by a properly-adjusted water-bag in the vagina, continued for eight days. The bag was emptied, removed, cleaned, and readjusted daily, and it did its work without risk to the patient or suffering or confinement. Dr. Byford thinks the failures by this method are due to want of care and perseverance. He compares the process with that forcible one practiced and advocated by Dr. White since 1856, claiming decided advantage for the plan he illustrates, and apparently with sound reason on his side; but he compliments Dr. White for demonstrating the practicability of reducing these inverted wombs after years of continuance. A diagrammatic woodcut adds to the perspicacity of Dr. Byford's procedure.

A fatal case of labor in a woman whose pelvic conjugate diameter was reduced from the normal three centimeters, and the other diameters in like proportion, thus constituting a justo-minor pelvis, was prepared by Dr. Wm. T. Lusk, of New York, and he makes this case a text for the presentation of his ideas of the best management for such cases.

A foreign lady was married at fifteen years of age, and in nine months was delivered of a well-formed still-born child after sixty hours' labor, but without instruments. In a fortnight she had a recto-vaginal fistule. Her husband soon died and she married again, and in six years had six early miscarriages, and one at seven months in which forceps were used and produced a

urethro-vaginal fistule, making a cloaca of her vagina. Previous to this premature labor she had become a resident of New York, but before leaving her foreign home her second husband had consulted eminent surgeons in Edinburgh and elsewhere without any promise of relief. Soon after the production of the urinary fistule her second husband died, and the widow, through her mental depression, local disorder, and nervous derangement, was almost insane. But she now again sought relief through surgical assistance. One eminent gynecologist closed the urinary fistula, and operated on the fecal one by a kolpokleisis and failed. Another eminent gynecologist examined her and said there was no remedy for her condition. She then, in 1871, consulted Dr. Nathan Bozeman, of New York, who reports the case under the title Kolpoecpetasis versus Partial Kolpokleisis. He found a recto-utero-vaginal fistule with stenosis of the vagina below the fistule, formed by a projecting mass of cicatricial tissue. The previous operator had stitched this projection to the anterior uterine lip, intending to close the vagina — kolpokleisis — and turn the uterine secretions into the rectum. Dr. Bozeman, instead of seeking to close the vagina, sought to expand it—kolpoecpetasis, as he denominates this proceeding—by incising this cicatricial tissue and dilating the vagina with compressed sponge in oil-silk bags. These expanding measures were continued for six weeks, and were so successful that a full view of the fecal fistule was obtained for the first time, and it was successfully closed by the operator's button or plate suture, which he deems essential in such cases. This procedure left all the parts in their normal relations, and about six months subsequently the patient married a third time, and presently, after a rough voyage from Cuba, was delivered of a well-formed still-born child of seven months' gestation. The labor was without difficulty, but was followed by slight cellulitis with small abscess, which discharged into the vagina and healed; but from time to time, up to 1877, at which period there was some shortening of the vagina and induration of its tissues and endometritis, these little abscesses were repeated, but were all permanently cured by graduated

compression made with a column of carbolized cotton resting on the pubic arch and perineum, and carried up to the seat of the cellulitis, aided by mopping out the uterine cavity with a six-per-cent glycerin solution of carbolic acid or Lugol's solution of iodine; and her good condition has been maintained by wearing one of the author's globe dilators.

This is an outline of a clearly-reported case, the text reinforced by four neatly-executed woodcuts that make the procedure detailed quite plain. Dr. Bozeman covers much ground outside of the direct narrative of his exceedingly interesting and instructive case, and thinks some of his special methods have not had the recognition by the profession their merits demand. He is somewhat dogmatic and decidedly verbose.

Atresia of the Vagina, Congenital or Accidental, in the Pregnant or Non-pregnant Female, by Dr. Isaac E. Taylor, of New York, is a good theme with a flattering numerical array of facts so obscurely arrayed in muddy composition as to make it an unpleasant exercise for a hurried reader to analyze and reconstruct the language into a well-told tale or the possible lesson that is smothered in its careless verbiage.

Two cases of Premature Senile Obliteration of the Uterine Cervical Canal are detailed by Dr. Henry F. Campbell, of Augusta, Ga., in a clear and instructive manner. He is of the opinion that a stenosis of the canal after the menopause, and before endo-metritic secretion has ceased, leads to accumulation of fluid in the uterus, which in his two cases became intensely offensive in odor of the spoiled-egg variety. Such cases are generally erroneously diagnosed as malposition of the organ—and he includes himself among those who have made this mistake—when if a true understanding of the pathological condition were reached, and the plain indication to reëstablish the perforate condition of the cervix were carried out, it would speedily restore health, which otherwise remains bad indefinitely.

A heliotype of the late Dr. M. B. Wright, of Cincinnati, an honorary fellow of the Society, with an esthetic obituary written by his friend and quondam colleague, Dr. Theophilus Parvin, of

Indianapolis, closes this department of the Gynecological Transactions for 1879.

Sixty-one pages of an Index of the Gynecological and Obstetric Literature of All Countries for the year 1878, prepared under the Supervision of Dr. J. S. Billings, U. S. A., an honorary fellow of the Society, concludes the volume.

The printer and binder have done their service so artistically that the green and gold of the exterior fittingly covers the clear type on the tinted page of the interior, to present one of the most attractive styles of books to be met with, and the proof-reading has been apparently perfect. J. F. H.

A Treatise on the Practice of Medicine, FOR THE USE OF STUDENTS AND PRACTITIONERS. By ROBERTS BARTHOLOW, M.A., M.D., LL.D., etc. New York: D. Appleton & Co. 1880. 8vo. Pp. 853.

Dr. Bartholow is known to the profession as a physician of marked ability, high attainments, and wonderful industry, as well as a successful author and teacher. After his work on Materia Medica and Therapeutics had been so cordially received and so generally adopted, and it was announced that a treatise on the Practice of Medicine from the same pen was in preparation, its issue was naturally awaited with much eagerness. The book is now given to the profession, and it becomes our province to tell of the nature of its contents.

When its preparation was undertaken the author was Professor of the Theory and Practice of Medicine in the Medical College of Ohio, and the reasons which justified and induced such a task he thus gives in the preface: "Because of a natural desire to appear as an author on subjects to which I had devoted all the years of my professional life and under the most varied conditions. Serving as an officer of the medical staff of the United States Army in Kansas, Utah, Colorado, New Mexico, Min-

nesota, and during the war of the rebellion at Washington, Nashville, Chattanooga, Baltimore, etc., followed by an extensive practice (private and hospital) of sixteen years at Cincinnati, I may justly claim to have enjoyed large opportunities for the clinical study of the diseases of the North American Continent." As to the manner in which Dr. Bartholow has utilized these years and opportunities, the profession has received ample evidence.

As the title indicates, this work is devoted altogether to the practice of medicine or special pathology, following in this respect the plan of Niemeyer. Those chapters on general pathology with which works on practice usually open, relating to etiology, the diatheses, degenerations, hypertrophy, atrophy, and morbid conditions of the blood, are altogether omitted. While it is true that this plan avoids the frequent repetition of principles of general pathology, which becomes necessary in treating special pathological conditions, the other and more usual arrangement is for many reasons to be preferred. By way of illustration, let us refer to the subject of tuberculosis in the work under notice. Here we find but eight pages devoted to this subject in connection with phthisis, with brief allusion to the process in the intestines and meninges, and giving four pages to acute tuberculosis. The subject of carcinoma is likewise only treated in connection with special organs, without touching upon the general nature of the dyscrasia or discussing its local or constitutional origin.

It is not to be understood, however, that the work is at all defective in those parts devoted to pathological anatomy. On the contrary, it is thoroughly abreast with the most recent advances in pathological investigation. In addition to the author's own studies in pathology, a very thorough acquaintance with both the French and German languages has enabled him to cull the most approved results of pathological inquiry.

In its symptomatology, diagnosis, clinical history, and description of disease we venture to say that this treatise is surpassed by none in accuracy and clearness. The author uses the

purest and best of English, avoids useless repetition, and discards all affectations of speech. The following description of a malarial paroxysm is a fair example of Dr. B.'s style: "When the chill comes on there is a feeling of wretchedness, of weariness, and illness. Then occur headache, backache, and soreness in the muscles of the extremities. Creeping chills are felt along the back, there are gaping and precordial oppression, the whole surface grows cold, and, feeling extremely weary and depressed, the patient gladly betakes himself to bed; but the coldness intensifies, no matter how much covering is piled on; the fingers become blue, the lips blue, the nose pinched, the countenance shrunken, and the chilling is now aggravated into shuddering. One fit after another of shuddering comes on; the teeth rattle; the bed shakes. Meanwhile the pains in the head and back and limbs continue; there is extreme thirst, and often nausea and vomiting; respiration is quick and sighing; the voice is weak and tremulous; the pulse is small, rapid, and the tension high; the urine is pale, watery, and increased in quantity."

In this connection we note that the book throughout is attractively free from allusions to the observations of "my colleague Professor So-and-so," and also from mention of cases reported in various journals in which some unusual feature was presented. Prof. Bartholow tells us what *he* knows of disease, in a very direct way, and consums none of the reader's time by references to authorities for such knowledge as has long since become the common property of the profession. Yet he rarely fails to give proper credit for facts and opinions derived from others, but the pedantry of an extensive bibliographical index is omitted. Throughout the entire work the reader is served with the matured result of Dr. B.'s own observations, experience, and study, with descriptions of disease which he himself sketched at the bedside, and with his own estimates of the value of remedies and methods; and it is pleasant to say that he has succeeded in steering clear of dogmatism on the one hand, and has not endangered a refreshing positivism on the other.

Probably the crowning feature of the work before us, and

that which will make it a favorite with practitioners of medicine, is its admirable teaching on the treatment of disease. Dr. B. has no sympathy with the modern school of therapeutical nihilists, but possesses a wholesome belief in the value and efficacy of remedies. He does not fail to indicate, however, that the power of remedies is limited, that specifics are few indeed, and that routine and reckless medication is dangerous. But throughout the entire treatise in connection with each malady are laid down well-defined methods and true principles of treatment. It may be said with justice that this part of the work rests upon thoroughly scientific and practical principles of therapeutics, and is executed in a masterly manner. No work on the practice of medicine with which we are acquainted will guide the practitioner in all the details of treatment so well as the one of which we are writing. In the treatment of disease the author is wonderfully free from hobbies of every nature. If one is to be found it is the subcutaneous administration of morphia and atropia combined. While the efficacy of this treatment is undisputed, the opium-habit is now becoming so common in this country as the result of this method of exhibiting the remedy that physicians resort to the syringe less frequently than formerly, and are disposed to restrict its use in every possible way.

The illustrations—forty-six in number—were obtained from Thierfelder's atlas, and are admirable. In the publication of the book the Appletons maintain that standard of excellence, accuracy, and taste which characterizes all their publications. We trust that it will soon be our privilege to note the issue of a second edition; and when it appears we hope the author will have made it, as he is so thoroughly capable of doing, less akin to the hand-books on the practice of medicine; but, by elaborating its every part, convert it into an exhaustive treatise on the Principles and Practice of Medicine. McM.

The Management of Children in Sickness and in Health: A Book for Mothers. By Amie M. Hale, M.D. Philadelphia: Presley Blakiston. 1880. 16mo. Pp. 110.

This is a well-written little book, handsomely gotten up, and may be consulted without danger of serious mischief by women over forty years old who have had intelligent experience in the management of a number of children, and by doctors aged thirty-five or more, provided they have had ten years' promiscuous practice among all sorts of people on a foundation of a thorough medical education. All other persons should shun its broad platitudes, incongruous compilations, and unscientific speculations as certain to be confusing in the theory of nursing and misleading in actual practice. It has many good directions, but more erroneous ones, and the latter constitute it a suitable book for young mothers not to read. J. F. H.

The Pathology, Diagnosis, and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By Graily Hewitt, M.D., London, F.R.C.P., etc. Philadelphia: Lindsay & Blakiston.

Dr. Hewitt's work is too well known to the American profession by the previous editions to need introduction or commendation. Nevertheless it is very far from being the book that Thomas or Barnes is. Dr. H. is the only one of recent writers on diseases of women, so far as we know, holding the displacement theory of uterine pathology. In the United States no such theory and resulting practice can stand. It was ably maintained by the late Dr. Hodge; but he, although the teacher of thousands of physicians, had no school of ardent, devoted followers. Those who listened to his instructions found when they got into active work that a horse-shoe pessary could cure but few of the physical ills of women, and had in disappointment and sadness

to commence anew their study of uterine pathology. The fact is, speaking of schools, there is in this country but one man who has made a school in this department, and that is Emmet. No matter for the time what and how great Emmet's obligations to that brilliant genius and indefatigable worker, the cosmopolitan Sims, no matter if Dr. Thomas has written the best and most successful book on diseases of women in the English language, and has performed some of the most original and remarkable operations ever done, still the first only has a school—men especially devoted to his views of pathology and therapeutics, ready to uphold their views with hot water, scissors, conical needles, scalpel, etc., or with tongue and pen. They have faith, admiration, and fervent zeal, and withal are brilliant operators. They can be found in New York, Boston, Chicago, and elsewhere. Now we do not say that this school is to completely and permanently triumph, like Aaron's rod swallowing up all the soothsayers' rods; nay, we do not believe such result will ever occur. A permanent pathology must have a broader basis and a more varied therapeutics. But we only affirm the existence of the school.

However, to return to Dr. Hewitt's book. It is unfortunate for the author that this volume is issued as it was eight years ago, so far as we have observed—no additions, no revisions. In the life of an art, if not a science, so progressive as gynecology, eight years is a long time; and those who open this volume expecting to find the latest if not the best things are doomed to disappointment. Probably Dr. Hewitt's ill health prevented such attention. But then the American publishers surely could have found in Philadelphia some earnest student who would have made those additions if not alterations absolutely necessary to make the volume representative of the professional knowledge of 1880, instead of remaining that of 1872, when the immediately previous edition was issued.

Clinic of the Month.

On Progress in the Treatment of Stricture of the Urethra.—Sir Henry Thompson read in the section of surgery at the annual meeting of the British Medical Association in Cambridge, August, 1880, an exceedingly able paper on this most interesting subject, from which we extract the following:

The most important changes in relation to the treatment of stricture of the urethra during the last thirty years in this country may, I think, be classified under five heads.

1. A general recognition of the principle that a delicate and gentle manipulation of any instruments in the urethra is alone trustworthy or permissible in the place of that which was formerly greatly prevalent, viz. that urethral obstruction might often be overcome mainly by force.

2. The substitution of very pliable and taper instruments for silver and stiff gum-elastic instruments in much of the treatment, both in ordinary and in continuous dilatation.

3. A more general acceptance of the doctrine that, given time, patience, and gentle handling, very few strictures should be met with which can not be fairly and successfully traversed by an instrument passed through them into the bladder. At the same time an undoubted improvement is to be noted in the mode of operating for those exceptional cases in which the surgeon fails to accomplish that object.

4. A more general acceptance of the doctrine that dilatation of the urethra, whether with or without incision, may be carried with advantage to a somewhat higher degree than had for some time previously been regarded as desirable.

5. The substitution of internal urethrotomy in some form for the application of caustics and for external urethrotomy on a guide.

All these may, I think, be accepted and will be generally accepted as illustrations of advance in the treatment of stricture.

I propose to make a remark or two on each of the topics named, at the same time venturing to indicate any thing which may appear to me to be a sign of retrograde movement at any point.

I need say little on the first subject, viz. the substitution of gentle-

ness and more careful modes of manipulation for those which were previously in vogue. Men of the present generation, however, scarcely know how rude and in some hands almost barbarous was the method of handling formerly employed in the treatment of urethral disease. The term "forcing a stricture" was then, as it had long been, an accepted surgical term both here and abroad, and denoted simply the systematic application of violence to an organic obstruction, the result of which, in nine cases out of ten, was and could only be the laceration of the canal and the making of a false passage. I suppose I am right in saying that such a proceeding is no longer a surgical one, and if ever adopted is intended to be an exceptional occurrence and not within the limits of the rules of our art. If there was one thing more than another in the treatment of stricture which at an early date appeared to me unwarrantable, not to say shocking, it was the sight of a surgeon firmly grasping a solid instrument and pressing its point with rigid arm against an urethral obstruction until something gave way, and the point was made to advance—somewhere. From the earliest time to the present I have invariably taught, not merely that a narrow stricture can only be traversed by gentle means, but that nothing prevents success so much as a deviation from this rule; and I believe that the constant advocacy of it has not been without its influence in suppressing the dangerous practice which formerly was but too common.

The substitution of modern flexible instruments, chiefly of French origin, for the silver catheters almost invariably used thirty years ago, when the old wax or plaster bougies had fallen, somewhat undeservedly, perhaps, into disrepute, has been an advance of enormous importance. I first learned the value of flexible instruments many years ago in Paris, and have used them ever since, and still desire to speak in high terms of their practical utility in most of the varied forms and kinds in which they are presented. To a certain, although limited, extent some of them have aided us to achieve that very considerable advance in the treatment of stricture which was set on foot by the late Professor Syme, and consisted in the doctrine (first distinctly taught and illustrated by him) that impermeable stricture is a condition of extreme rarity. In other words, he proved that almost any stricture, however narrow, if urine passes outwardly through it, is permeable also to instruments in the hands of a careful, patient, and practiced surgeon, provided only there is no crisis of actual retention present demanding immediate relief. The gain accruing to the patient through this doctrine has been very great, since thirty years ago a dissection through the perineum for so-called "impermeable stricture" was a comparatively common operation in our hospitals, and one, moreover,

which was frequently fatal. Very rarely indeed ought such a proceeding to be heard of now, since with time and patience a fine instrument can almost invariably be carried safely through any stricture into the bladder.

But these instruments are invaluable also in prosecuting the ordinary treatment known as "dilatation." Notwithstanding the small value set upon this method by some surgeons who profess to regard it as scarcely worth the name of treatment, and desire to substitute urethrotomy in almost all cases of stricture, whether recent or confirmed, I see no reason whatever for discarding it. If the cutting operation necessarily conferred a cure, in the sense of preventing return of the disease, even in a bare majority of cases, the propriety of employing dilatation might perhaps be called in question. This point will be considered hereafter. Meantime there can be no doubt that such complete relief is afforded, and on terms which are easy, by the use of simple flexible bougies, or by the same supplied with lead cores, and, lastly, by well-polished tapering metal sounds, that I believe it to be in the patient's interest to employ dilatation only so long as it is quite efficient, and then as soon as it ceases to be so, and mostly not until then, to adopt other methods of a more serious kind.

To revert for a moment to the occasional existence of an "impermeable stricture," which has just been referred to, it may be briefly said that when, as sometimes happens, the surgeon fails, after adequate trials, to pass any instrument, however small, through a narrow or tortuous stricture, the method known as "perineal section" sometimes proves a valuable resource. Like other proceedings, it has been rendered more easy and efficient, and is a far safer operation than that which was done fifty years ago. Since that time various little improvements have been added to the details of the performance, so as to facilitate the finding of the narrowed passage.

The "caliber" or "diameter" of the urethra or the amount of its dilatability is a subject which has come again to the front during the last few years—this time from attention paid to the subject in America. This is one of those points relative to which our figure of the pendulum is in some measure applicable. It has always been a subject affording matter for discussion throughout the history of urethral surgery, relative to which, had we time, I could give you some curious illustrations. The different measurements made by anatomists at different epochs—and their name is legion—are remarkable chiefly for their diversity, and the rules of practice pursued by different surgeons have similarly varied. This is a fact which need not excite surprise, considering the complex nature of the passage, the relations of which

have been so largely studied. The question is one of sufficient importance to be worth considering perhaps more closely. A good deal of the apparent discrepancy in the measurements, in the use of terms, and consequently in the practice of different surgeons, is due, in my opinion, to a certain failure among many to recognize what are the natural physical conditions of the passage in question. We hear of its size, of its diameter, of its caliber, as if the urethra were a tube of constant capacity—as if it resembled an artery, a bronchial tube, or an intestine. But in fact the urethra has no constant quality comparable to that which we call "size" in any sense in which that term applies to the passages just mentioned. Indeed the urethra has no "size" or "caliber" when it is not used as a canal; and it is only thus used during a few minutes—one might rather say seconds—during the twenty-four hours, and also when artificially opened by the passing of a foreign body into it. It is simply a long chink, the sides of which are maintained in close contact by organic muscles, and traversing a mass of complex structures which like itself are susceptible of great physical changes under different circumstances. Second to its natural contractility, the most distinguishing mechanical quality of this closely-shut passage is its dilatability—a still undetermined, and, I may add, an undeterminable quality; for its dilatability naturally varies greatly in different parts of its course, in consequence of the variety in the nature of the surrounding structures, while its own delicate walls and subjacent tissues are almost indefinitely extensible under the influence of continued pressure.

During the first third of the present century there was a strong tendency, both here and in France, to regard the urethra as a passage of greater size than the surgeons of the preceding epoch had assigned to it, and to use larger instruments in the dilatation of stricture. Boyer advocated them, and later Mayor, of Lausanne, employed them, sometimes with much force. In this country Pearson, who had a large experience, made a point of carrying dilatation as a cure for strictures to Nos. 18 and 20, English scale, equivalent to about 28 to 32 of the French scale. One of his instruments has long been in my possession, and is here for your inspection. A good deal of mischief followed what may have been the indiscriminate use of these large bougies; hence a reaction took place, and smaller sizes were adopted, with less beneficial influence, perhaps, upon the stricture itself, but also with less evil upon the constitution of the patient. Within the last few years Dr. Otis, of New York, has revived the theory of "the large diameter of the urethra," and has advocated larger instruments, besides recognizing as examples of organic stricture very slight devia-

tions from what he conceives to be the normal "caliber," or what I should regard as the possible extent of dilatability possessed by the passage. I have no intention of formally examining the views which he has enunciated relative to this matter, having no allotted time or space in this paper for the purpose. But I will venture to say in connection with this subject that we on this side may perhaps have erred somewhat during the period of reaction referred to in not sufficiently availing ourselves, especially in the practice of lithotrity, of the large degree of dilatability which the urethra undoubtedly possesses, and that we owe to our American brethren an advantage which the latest assertion of that fact has pointed out to us. And I desire hereby to record my sense of the value of that lesson by assuring them how gratefully I receive and profit by it. But I can not say thus much without also saying in the same breath that it is a very easy thing to damage irreparably some individuals by overdistending the urethra, and that such damage I have of late witnessed in several instances. I must oppose also another doctrine which is associated with the preceding, viz. that stricture of the urethra is permanently cured by complete division of all the diseased tissues affecting the passage. I have seen too many examples of return of narrowing in cases thus operated on to admit that at present we possess any certainty of being able so to act on a confirmed organic stricture as to insure its non-appearance in after life. Further, I have carefully followed many of Syme's cases of external division in his and in my own hands, where the diseased structures constituting stricture have been entirely divided, and in a way more certainly complete than any internal urethrotomy can offer, and am compelled to avow that in very few instances indeed has the thus divided stricture not reasserted itself after the lapse of time. Nevertheless it is an important truth that when any portion of the stricture escapes division the narrowing speedily returns.

For that operation I have myself substituted internal urethrotomy in the treatment of obstinate cases during a period of now considerably more than twenty years, having ceased to perform Syme's operation, as a rule, in 1857. Since that date I have performed the internal operation at University College Hospital and elsewhere some hundreds of times. My experience leads me to regard it as a far safer proceeding than Syme's in relation to life, and one which is quite as efficient in relation to the general results.

But at the date named (1857) internal urethrotomy was rarely if ever employed in this country. The method best known here—viz. that advocated by Stafford—had lapsed through its inadequacy to render any important service, and dilatation and caustics constituted the

treatment for the great majority of cases. Like many of my brethren, therefore, I tested other proposals which appeared soon afterward, such as by splitting the stricture (which attained a considerable popularity for a time), over-distension, etc. Like others too I believe that there are good grounds for the conclusion that for those examples of the disease which are so confirmed as to defy dilatation those methods are inferior in permanency of effect to a well-performed (that is, to a complete) division by internal urethrotomy.

Nevertheless, regarding the many methods of performing internal urethrotomy which have been proposed and practiced, I doubt whether it is possible for any one to pronounce which is absolutely the best. In every one the object is or ought to be the same, viz. the complete division of the morbid tissue; but varied mechanical means of accomplishing this are originated by different minds, and different modes suit the hands of different surgeons. Each one probably prefers to accomplish the object with the instrument with which he is most familiar, and that method will generally be the most efficient in his hands. At the same time many of the modes employed to accomplish internal urethrotomy will not insure the complete division of the strictured portions of the urethra, and such methods must be regarded as defective.

The principles which govern a sound procedure are more essential points for the surgeon to discover and to teach than a consideration of small details. These principles may be briefly stated, I think, as follows:

1. The necessity for a physical examination before operating, to detect and estimate the narrowed portions of the urethra. This is best accomplished, in my opinion, by means of a series of metal bulbs on slender stems, taking care not to regard as diseased changes those points at which the urethra itself is naturally only slightly dilatable. These bulbous exploring sounds I have invariably used, advocating them as essential to diagnosis in my first work twenty-six years ago; and I still prefer them to any other, as safer, less irritating, and not less efficient than more complex instruments which have been devised.

2. The necessity for accomplishing a complete division of all the morbid tissue constituting the stricture by an incision carried through it, no matter what part of the urethra or how much of it is involved in the disease. As a general rule, this is, I think, most efficiently completed by a slender blade carried beyond the stricture and made to cut from within outward; this latter proviso being, however, an open question. The important point, however, is that any alleviation of the

patient's condition attained by operation will be transitory if any part of the narrowing be left undivided.

3. I regard it as essential after such division to place at once a full-sized catheter for some hours in the bladder, to insure a free outlet for the urine and prevent all possibility of extravasation of urine into and through the incisions thus made.

4. The necessity for passing full-sized bougies subsequently, at occasional intervals, in order to effect free distension of the walls of the urethra, which lie in almost constant apposition, and so to prevent reunion of divided surfaces by the first intention.

The foregoing may, I believe, be held to embody those general principles which most experienced surgeons at the present day agree (with a few dissentients, I am aware) ought to guide us in practice. That there are different modes of carrying them out, is, as I have before intimated, a matter no less of notoriety than of necessity, as inherent in the nature of things. Such a circumstance may be regarded as one fraught with some advantage for us here in providing scope for discussion, and so eliciting a comparison of ideas and methods among the many experienced observers who honor the section with their presence this day. I shall therefore very briefly offer my own views as to the best mode which a long familiarity with the operation in practice has led me to adopt.

In respect of the instrument to be employed, I unhesitatingly avow a preference for one which, in principle of construction, resembles a slender knife with a long handle, in order that it may act completely in obedience to the impetus given to it by the hand. Concealed within a bulb at the end of the instrument is the blade, so that before this is unsheathed the urethrotome itself is an efficient bulbous-ended explorer (like those already employed in the previous exploration), and is used as such to identify the stricture again at the very moment of operating. With such an instrument the incision is directed solely by intelligence, and is limited or extended according to the sensations experienced by the operator's hand of resistance or the reverse, just as happens in the analogous instance of division of tissues which are not visible in the case of contracted tendon in clubfoot.

All urethrotomes in which the blade can only move in a grooved director (and this is undoubtedly the most common mode of constructing them) produce a more or less uniform mechanical result, and are incapable of effecting any variation in depth and extent of incision, often necessary to accomplish adequate division in the varying conditions requiring operation. This is what I am compelled to regard as

a serious defect, and explains my preference for the bulbous-ended instrument described. It is right to say, however, that the following objection to the latter is sometimes raised, viz. that very few strictures requiring operation are sufficiently narrow to permit the introduction through them of an urethrotome, the bulb of which is equal to No. 5 or 6 of the English scale. That may be quite true; but I have never seen a case of stricture, however obstinate or narrow, which could not be temporarily brought to the size required by tying in a slender gum-elastic catheter; and I think the advantage of operating in the manner described well worth the delay of a day or two devoted to such preparation of the urethra. Still I am quite ready to concede that an instrument which cuts by means of a blade advancing from without inward, on a guide previously passed, may be a safer one in some hands, especially if they be not thoroughly practiced in traversing the urethra. My experience of internal urethrotomy which has been thus conducted throughout—that is, on the same principle and with the same instruments—has been from the first exceedingly satisfactory. The operation itself is fraught with very little risk; the durability of the relief afforded is the chief question to ascertain. The last twenty years have enabled me to watch the history and course of a good many cases, and, speaking in general terms, I may say that the first three or four years after the proceeding, often more, are very comfortable for the patient; after which, at earlier or later dates—say from four to seven years afterward—he often finds himself reluctantly compelled to retreat a number or two in the size of the bougie which he has been accustomed to pass once or twice a month. Instead of 11 to 13, English scale, he must be content with 9 or 10 or less; but he has no symptoms to complain of. At an interval varying in different cases from seven to twelve years the condition in some cases becomes troublesome, and the patient finds No. 7, 6, or 5, perhaps, frequently necessary, and also that some of the old symptoms have returned. In such circumstances I do not hesitate to advise another operation, and have occasionally performed it a second time. It so happens that I did this for one of my medical brethren only last week, having previously employed the same proceeding in 1867, thirteen years ago. I passed a No. 17 English—about 28 French—with ease immediately after the incisions, and he is now doing admirably. In one case only I have done the operation three times for the same patient. There is no reason why it should not be repeated, if necessary, just as we crush a second or a third calculus which may be formed after the first. In the case last referred to, the best result followed the third operation, and occasional dilatation has been quite sufficient to maintain a highly sat-

isfactory state of the urethra ever since, although the date of that operation is at least eight years ago. I am very certain that the plan I have followed is one of great value for cases in which dilatation does not afford adequate relief, and I certainly think we are more prone to err in withholding the operation than by recommending it too generally. Inadequate relief to the stricture involves irretrievable mischief to the ureters and kidneys, and many a life has been sacrificed to persistence in painful and inefficient attempts to dilate, which might have been saved by free division of the stricture or strictures. The formation of a free passage for the urine is the necessary safeguard for the secreting organs, and there should be no loss of time in accomplishing it by internal urethrotomy so soon as the stricture is no longer readily amenable to the action of dilatation. But when the operation is adopted nothing less than a free and complete division of all the obstructing tissues should satisfy the operator. It can not be too often repeated that on this depends the success of the operation.

The great desideratum of the present time unquestionably is the discovery of a mode of treatment which shall permanently restore to the strictured passage its original dilatability. I can not say that a thoughtful consideration of the pathological condition which constitutes organic stricture emboldens me to hope that such a result can be insured by the application of any principles of action at present known to us. If this be so, a large and important field for labor and for speculative inquiry is open in this direction. May it fall to the lot of some abler successor to this office of mine today to record the accomplishment of this great achievement before another thirty years have expired.

Causes of Sudden Death in Typhoid Fever.—Dr. Angel Marvaud gives the following conclusions to an elaborate paper recently published in the *Archives Générales de Médecine:*

1. Among the causes of sudden death in typhoid fever, and independently of the influences commonly considered by authors (alteration of the cardiac fiber, cerebral anemia), it is necessary to mention clots which may form in the course of the disease in the cardiac cavities, and principally in the right heart.

2. The formation of these concretions appears intimately connected in typhoid fever, as in the other pyrexias (rubeola, variola), where they seem more frequent, to the precocity, the gravity, and the predominance of thoracic complications (obstruction, congestion, and pulmonary hepatization) which supervene in this disease.

3. The influence of these complications upon the production of

intra-cardiac clots is explained (*a*) by a *mechanical* action, consisting in the obstacle which the pulmonary lesions present to the renewal of the blood in the right heart; (*b*) by a *dyscrasic* action, represented by the tendency of the blood to coagulate from the hyperinosis occasioned by every phlegmasia occurring in the respiratory apparatus.

4. Death may occur in two ways: It may be either sudden, and present all the characters of syncope (and it is then explained by an interference of the blood-clot with the action of the cardiac valves) or (but rarely) by embolism of the pulmonary artery, or it may occur as the consequence of asphyxial manifestations, more or less striking and continuous—hurried respiration, anxiety, oppression, coldness of extremities, feebleness, and small pulse—the recognition of which in certain cases of typhoid fever enables one to foresee the fatal result.

Causes of Unfortunate Results in Surgical Operations.—Dr. D. Domec (*Archives Générales*, September, 1880), in a memoir upon the above subject, states as follows:

1. The knowledge of the reciprocal relations between morbid constitutional states and surgical traumatisms viewed as a new cause of failures of operations presents a real revolution in modern surgery.

2. Researches already made in this direction have furnished important results. Nevertheless we are far from having attained the desirable end of knowing in advance in a given case these reciprocal causes, and thus determining certainly whether to operate or not, and the time the operation should be done. The difficulty of attaining this end is because the reactions which are produced in our organism are subject to numerous contingencies, and differ more or less in each subject.

3. The best means of combining the factors necessary for the solution of this problem is to make and publish full reports of cases.

4. The study of these relations ought to be classed among the causes which now tend to make surgery really conservative.

Homotropine.—Dr. Fronmueller (*Memorabil.*, August, 1880) has experimented with the bromate of homotropine on twenty-three persons as to its effect in dilating the pupils, and on thirty-five as to its poisonous qualities. In general, its power of producing dilatation he found as great as described by previous observers. In the study of its intoxicating effect he injected hypodermically a solution of one milligram gradually up to five milligrams a day. He then gave internally from five to twelve

milligrams in three or four doses a day until toxic symptoms were noticed—dryness of fauces, giddiness, etc.—but there was no dilatation of the pupils. His conclusion is that homotropine is not so poisonous as atropia, and can be safely used in night-sweats, epilepsy, and hooping-cough.

Aloes for Hemorrhoids.—A recent French contributor to the *Gazette Obstétricale* is not favorably impressed with Dr. Fordyce Barker's prescription of aloes in the hemorrhoids of pregnancy, and he evidently imagines our distinguished countryman is an Englishman, as the following extract shows: "It appears that English hemorrhoids are very different from French hemorrhoids. Fordyce Barker cures them by aloes, and we can certainly cause them by the abuse of the same medicine."

Gaiffé's Galvanometer.—After studying various electric instruments as to diagnosis and therapeutics, Dr. H. Müller (*Memorabil.*, August, 1880) only recommends Gaiffé's galvanometer for doing the electric current, this instrument well showing its absolute intensity. But being influenced by the earth's magnetism, the instrument must be graded for the place where it is used.

Sexual Intercourse as a Frequent Cause of Abortion.—Depaul, in a recent clinical lecture (*Courrier Medical*), states that the abuse of sexual relations is one of the most common causes of miscarriage. He attributes quite one third of miscarriages to it.

Notes and Queries.

THE TRI-STATES MEDICAL SOCIETY.—The sixth annual session of this active and vigorous organization will be held in Louisville from the 9th to the 12th of November. Large delegations are expected from Illinois, Indiana, and Kentucky—the three states from which the membership of the society is drawn—and much substantial scientific work is anticipated. Besides numerous papers promised by members living in the states named, we are glad to notice that prominent physicians from Ohio, Tennessee, and Missouri will also read essays and participate in the discussions of the society. The local committees have, we are assured, made all necessary arrangements for economizing time and expediting business and rendering the meeting both profitable and attractive. We need not add that the profession of Louisville bids its guests Welcome! nor that it will exert itself to make their stay agreeable.

"HOW LL.D.S ARE DUBBED AT CAMBRIDGE."—We make room for the following extracts from the spirited letters of the London correspondent of the Louisville Medical News: The degree-giving takes place in the ancient Senate-house in great state. The doctors of the University sit in their scarlet gowns on a raised dais in a semicircle on either side of the chancellor of the University, who is attended by the esquire beadles, who are masters of the arts, carrying the heavy silver maces, irreverently called the university pokers. The recipients of the honor are seated on either side of a semicircle at the front edge of the dais, facing the chancellor and robed doctors, and with their backs to the audience. The Senate-house was crowded with doctors, and the galleries filled with undergraduates. In the course of the ceremony the public orator takes his place, standing with his back to the audience and facing the vice-chancellor, but below

and beyond the dais. Each recipient of the degree, clad in his new scarlet gown, is conducted by the beadles to the public orator, and stands by his side, facing the vice-chancellor, while the orator in a brief Latin oration proclaims the scientific or other grounds on which the honor has been conferred, and formally introduces the new doctor to the chancellor, advancing with him, under the guard of the beadles, to the chancellor, who then lifts his cap, offers the new member of the University the hand of friendship, and inducts him into his doctorate.

Mr. Sandije thus introduced Dr. Gross: "The venerable form of your distinguished colleague is now well known at our meetings. His dignified courtesy and personal amiability have endeared him to all with whom he has come in contact, and in learning and surgical skill he is held here in the highest esteem as a worthy representative of the greatest traditions of the American school." Loud applause greeted him and also all the other honorary doctors in their turn, with one marked exception, Sir William Gull, who has recently incurred the grave displeasure of the profession by the course which he has taken in reference to a recent trial at Guy's Hospital.

"*The Nurse Imbroglio at Guy's.*" Mr. Lushington, the present treasurer of Guy's, is an old Indian official with autocratic ideas. Personally amiable and popular, he has, it is said, the misfortune to possess some lady relatives who have great influence over him and who are strongly tinged with what is known here as "high-church notions." Under this or some other influence the treasurer has lately appointed a matron who has revolutionized the system of nursing at Guy's Hospital and has carried out her changes with no gentle hand. Thirty of the old nurses of Guy's, including many who had been for a quarter of a century in service, and some for much more, and who were universally liked and respected, have left the hospital rather than submit to the new system introduced. The medical officers have from the first strongly opposed the changes made, and an open war has broken out which has caused a great deal of public scandal—a scandal that culminated recently in a case in which one of the nurses

had inflicted what is described as a punishment-bath on a patient in the wards who was known to be suffering from tubercle of the lung, and who had fouled the bed. This patient was suspected to be suffering also from hysteria, but the symptoms attributed to hysteria now turn out to have been premonitory symptoms of tuberculæ of the brain. The unfortunate patient was treated with a great deal of roughness by the nurse, and was immersed in a bath for a period described by some as an hour and by others as an hour and a half. A rapid change for the worse occurred in her condition, and she died at the end of a few days, when acute inflammatory tubercular meningitis was found to have been the cause of death. The nurse was tried for manslaughter. Dr. Pavy, whose patient had been thus operated upon, gave evidence to the effect that prior to the death there had been no external signs of tubercular meningitis, and he believed that the shock to the system and the prolonged immersion in cold water had lit up the inflammation which had so rapidly proved fatal. In this opinion the whole of the medical staff concurred.

"*Sir William Gull sides with the Nurse.*" Sir William Gull, however, who had for some time been coquetting with the lady authorities, and had been proclaimed more than once by them as supporting them against his colleagues, appeared unexpectedly at the trial without having previously communicated with his colleagues on the subject, and gave as his opinion, based upon the record of a clinical clerk, which had not even been submitted to Dr. Pavy, that Dr. Pavy ought from the first to have recognized the case as one of tubercular meningitis; that the case had only run its regular course; that neither the rough usage of the nurse nor the prolonged immersion in cold water had any thing to do with the acceleration of the death of the patient; and generally his evidence aimed at exonerating the nurse and throwing the whole blame upon Dr. Pavy for want of acumen in not at first discerning the existence of tubercular meningitis and especially warning the nurse. This course is blamed for two reasons — first, because it is believed that the clinical deductions of Sir William Gull are based upon the sub-

sequent knowledge revealed by the post-mortem examination, and that the course of events subsequent to the bath has been unfairly used to support the opinion which was formed after the event, and would probably have been no more formed by Sir William Gull prior to the bath than by the physicians who saw the patient. Further, it is considered that when Sir William Gull formed this opinion he should at once have communicated with his colleague, when he could have ascertained that the clinical report on which he relied was one for which the physician was not responsible and which he had not seen. Sir William Gull would then have had the opportunity of discussing with Dr. Pavy the facts as he saw them from his point of view. The haste which he has shown to glorify himself at the expense of his colleagues and to appear as their accuser has produced a most painful impression.

"*What might have been!*" Moreover, it is remembered that he showed a similar tendency on the occasion of the death of the Emperor Napoleon, when he avoided, by a side plea, signing the report drawn up by Sir Henry Thompson and Dr. Burdon Sanderson subsequent to the autopsy of the Emperor, and found occasion to write a separate letter to the Times, in which he made himself appear as the wisest man of the party and as entertaining views which might have been of use in saving life had he been earlier consulted.

"*Sir William for Bravo!*" In the same way in the celebrated trial here connected with the poisoning of a person named Bravo, Sir William Gull at the inquest slighted the professional character of Dr. George Johnson, and gave evidence in a manner so contrary to professional traditions that he was summoned before the College of Physicians and received public reproof. In this case also Dr. Pavy has intimated his intention of making Sir William Gull responsible for conduct of an unprofessional and improper character.

"*How the Baronet was Treated.*" When, therefore, Gull appeared at Cambridge to receive his honorary degree there were already rumors that he might probably meet with by no means

so favorable a reception from the members of the profession assembled as the other gentlemen who were to be thus honored. His actual reception, however, was of a kind unknown in the history of a university, and without parallel probably in the history of medicine. When the esquire beadle went to him ceremoniously in his seat and led him to the side of the public orator, who was to pronounce an eulogy upon him, a storm of hisses and groans arose from every part of the hall which was literally overwhelming in its bitterness. The hissing, hooting, and groaning continued for fully ten minutes. The undergraduates in the upper galleries were not slow to take up the cries, and for a long time running through the hall and above all were the overwhelming cries of "turn him out," "kick him out," and other even less complimentary cries, greatly scandalizing the vice-chancellor and the grave doctors of the University, to whom the scene, although not altogether unexpected, was in its intensity and severity no doubt painful. For a time which seemed an age Sir William Gull stood by the side of the public orator, as though a culprit in the custody of an officer, motionless, white, and unable to move in one direction or the other. Mr. Sandije showed great self-possession, standing quietly till the storm abated and then good-humoredly waving the students and assembled physicians into silence and cutting his oration as short as possible. Nevertheless when he admitted a phrase or two of eulogy he was met with cries of "tell that to the coroner's jury" and "three cheers for Pavy." At length the ceremony was completed. Sir William Gull left Cambridge immediately, being naturally unwilling to show himself again in an assembly which had treated him with so much contumely.

"*We should think so.*" Such a scene must have been doubly painful in the presence of all his leading colleagues in the profession, many of whom had just been so warmly cheered, and in the presence of many hundreds of well-known medical brethren from all parts of the country and of the leading members of the University. Fortunately for him, time enough will be allowed to elapse before he will again make his appearance before the

profession. In anticipation of the next International Congress he had already six weeks ago been elected president of the medical section through the influence of Sir James Paget, his fast personal friend, or certainly he would not now stand any chance of receiving that distinction; and it may be taken for granted that very few English physicians will be found in this section; and if he wishes to consult the interest of the Congress he will do well to resign that post, as otherwise the medical section will be empty.

"*The Innocents Abroad.*" Among the other Americans present were Dr. Marion Sims, who has always a warm welcome in England; Prof. Pallen, of New York, whose first visit it was, and who was, I believe, well satisfied with his reception; and Dr. Bulkley.

"*Pleasant.*" Most of your American physicians who have visited us have produced a favorable impression by their dignified reticence, by their evident intelligence and skill in their departments, and by always having something definite and useful to say when they spoke. Sims, Sayre, Gross, Loring, Van Buren, and the Yandells (if you will pardon me for saying so), and many other representative Americans who have visited England have left behind them impressions so warmly favorable and of such brotherly regard that this reminiscence alone will long insure a hearty welcome to all American physicians who may be tempted to find themselves at the meeting of the British Medical Association or at any other medical gathering on this side of the ocean.

Fifth Annual Meeting of the American Gynecological Society. — This was held in Cincinnati on the first, second, and third days of September. Only nineteen members were present. Drs. Barker and Sims came from New York, but Drs. Emmet, Thomas, Bozeman, Mundé, and others did not. Boston was represented by Drs. Lyman and Chadwick, Philadelphia by Dr. Drysdale, Baltimore by Drs. Wilson and Howard, Washington by Dr. Busey, and the South by Drs. Campbell and Battey.

While the number of members present was small, yet the interest taken was very great; many good papers read, some of them eliciting able discussions that were quite equal if not superior to those at any previous meeting. Very many of the Cincinnati profession, as well as several doctors from other parts of Ohio—among them Dr. E. B. Stevens, the industrious and able editor of the Obstetric Gazette—and from Indiana, were present. Some participated in and added greatly to the interest and value of the discussions. It is not improper to mention in this latter connection Dr. Thos. Wood, Dr. Tate, Dr. Dawson, and Dr. John A. Murphy.

The hospitalities given the Society were numerous and generous; breakfasts, lunches, dinners, receptions—the very words stimulate one's salivary glands! Drs. Dawson, Reamy, Henderson, and Dandridge made new friends and endeared themselves to old beneath hospitable roofs, with kindly welcomes and bounteous tables. The reception at the Grand Hotel by the Cincinnati Obstetrical Society and the profession of the city was praised by all the guests, and was especially commendable in that no speeches were made! Ah, with the mercury in the nineties and hard work in the day, it would really have been unwise to expect speeches at midnight—cruel to require them.

But a few words as to the president's address and the papers. Dr. Sims was the president elected a year ago, and came home from Europe to be present, arriving in New York only two days before the meeting. His address was mainly devoted to proposing some radical changes in the organization—enlarging it by increasing its membership, making it more liberal, and, as he believes, more useful. Dr. Sims is not a policy man, but he boldly puts forth his convictions without regard to fear of this one or favor of that, using a plainness of speech that does not permit any misunderstanding as to his position. His proposed amendments to the constitution and by-laws will be acted on at the next meeting (which will be held in New York), not, however, until after a good deal of earnest discussion; and the adoption of all of them is at least very doubtful, for an organ-

ization that has attained the success this society has is not likely after five or six years of existence to suddenly and radically change its whole plan of organization.

Dr. Battey presented an abstract—a pretty long abstract, by the way—upon the field for the operation known by his name. Dr. Englemann reported a case of anterior displacement of the ovary and the performance of Battey's operation. In the discussion following these papers some interesting facts were brought out. Dr. Sims stated that Lawson Tait had performed the operation twenty-eight times in eleven months. That is outBatteying Battey! Dr. Byford referred to a patient now under his care whose ovaries were removed some years ago to determine the menopause and thus arrest hemorrhage from fibroid disease. The operator, Dr. Trenholme, reported the result successful; yet according to Dr. B. the hemorrhages are as serious, though not as distinctly periodical, and the uterine enlargement as great as ever. Notwithstanding the general support given in the society to Battey's operation, the AMERICAN PRACTITIONER will assert, in spite of Mr. Tait's wholesale work, that the operation is very rarely necessary; and one of the most difficult problems in gynecology is determining the cases in which it should be performed. Theoretically right, its practical application is generally beset with the most thorny difficulties.

And now will not the Society let this operation have a rest? At four of its five meetings normal ovariotomy has been a prominent subject; it has been discussed *pro* and *con*—chiefly *pro*—and it is possible some other matters of equal interest and of more general importance might take its place. Really should this theme come up at the meeting in 1881 the question might arise as to the expediency of replacing the A. G. by N. O., making the organization the Normal Ovariotomy Society.

Uterine Massage was the subject of a paper by Dr. A. Reeves Jackson, of Chicago. This was a plain, practical, truthful contribution, remarkably frank in its confession of the inutility of the means in the majority of cases.

Cataleptic convulsions cured by trachellorrhaphy was a brief

report of a case by Dr. Sutton, of Pittsburgh. It was a most interesting case and admirably presented.

Quinine in Gynecic and Obstetric Practice was a long paper by Dr. Henry F. Campbell, of Augusta, Ga. It was full of rich professional experience, and elicited a very interesting discussion.

Dr. Englemann, of St. Louis, presented an abstract—long enough for most papers—of a paper upon the instinctive or natural and physiological position of woman in labor. It was illustrated by numerous drawings of positions taken by women in labor in various countries and at different periods in the world's history. His conclusion was that the squatting posture on the ground or floor or the half-sitting in bed was the most favorable for the second stage of labor. The discussion of this very able* paper was quite animated, the foremost participants being Drs. Reeve, Campbell, and Barker. The first made the best extempore remarks we ever heard in the Society. We wish we had them for present publication. The cachinnations of his auditors which Dr. Campbell excited by some of his curious reminiscences, earnest utterances, and sometimes grotesque gestures will not soon be forgotten.

About this matter of position in labor, the question was not discussed, though it seems an important one, Why do women take this or that posture? to facilitate, hasten labor, or to lessen their suffering? We believe for the latter cause. It may be the two coincide. But this is not a necessary consequence.

Extirpation of an Encephaloid Kidney was reported by Dr. Byford. The patient got well, but frequent antiseptic washing out of the abdominal cavity was necessary before recovery took place.

Dr. Howard reported three fatal cases of rupture of the uterus and removal of the fetus by abdominal section. Dr. H.

*Alas for fame! While correcting this proof we read in one of our exchanges of an able review in the American Journal of Medical Sciences by Dr. J. C. Rogers. And thus some of the best laurels of our learned, wise, and genial Dayton friend are taken from him and bestowed upon an unknown Dr. Rogers.

suggests that Porro's operation should be performed in certain cases of uterine rupture.

Dr. Chadwick advocated the use of the hot rectal douche as a substitute for the vaginal in some cases of uterine or peri-uterine disease.

Dr. Parvin read a paper on Secondary Puerperal Metrorrhagia. The disorder was defined, its relative frequency and danger were mentioned, and its causes were considered under the following heads: First, changes in the blood; second, psychical causes; third and fourth, causes which prevent uterine retraction and those which produce uterine congestion. The treatment was considered under the heads of uterine compression, compression of the abdominal aorta, the tampon, intra-uterine injections of iodine, hot water, salts of iron, etc.; ergot, cold, opium, quinia.

Dr. Byford was elected president and Dr. Reamy one of the vice-presidents for the ensuing year. Dr. C. D. Palmer, of Cincinnati, was the only one elected a member of the Society.

The Apostate's Creed. — The disciples of Darwin have received no neater hit than this of Mr. A. Bierbower, of Cincinnati, in the New York Independent:

I believe in a chaotic nebula, self-existent, evolver of heaven and earth, and in the differentiation of the original homogeneous mass, its first-begotten product, which was self-formed into separate worlds, divided into land and water, self-organized into plants and animals, reproduced into like species, further developed into higher orders, and ultimately refined, rationalized, and perfected in man. He descended from the monkey, ascended to the philosopher, and sitteth down in the rights and customs of civilization under the laws of a developing sociology. From thence he shall come again by the disintegration of the heterogenized cosmos back to the original homogeneousness of chaos.

I believe in the wholly impersonal absolute, the wholly uncatholic church, the disunion of the saints, the survival of the fittest, the persistence of force, the dispersion of the body, and in death everlasting.

Morton's Pocket Series. No. 1: Diet for the Sick. Notes: Medical and Culinary. By J. W. Holland, M. D.

Price 25 cents. This is the first of a series of brochures, convenient in size, compact, cheap, and issued in a style which can not fail to please the most fastidious. It relates to matters which concern the sick and those who nurse them, and should prove a handy guide in the sick-room.

Died.—At Pewee Valley, Ky., August 17th, of typhoid fever, C. W. Babbitt, M.D., aged twenty-seven years.

Dr. Babbitt made his preliminary studies with that sterling practitioner Dr. J. H. Speer, of Oldham County, and graduated with honors from the University of Louisville, class of 1876. He was an amiable, kindly gentleman, a consistent Christian, a thoughtful, conscientious, progressive physician, whose loss will be keenly felt not only by his immediate family, but by the entire community in which he lived.

An Error.—In the printed list of officers of the Tri-States Medical Society for 1880 the name of Dr. S. E. Monford, of Princeton, Ind., is printed as first vice-president, and that of Dr. J. P. Thomas, of Pembroke, Ky., as second vice-president. This is an error. Dr. Thomas was elected first vice-president—an honor most worthily bestowed.

The American Practitioner.

DECEMBER, 1880.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—Ruskin.

Original Communications.

TREATMENT OF TYPHOID FEVER.*

BY JAS. F. HIBBERD, M.D.

As a general introduction I desire to say that in the remarks about to be submitted the fact that my audience is composed of practitioners of medicine will be kept steadily before my consciousness, and details will only be dwelt on where necessary to illustrate principles, because of the conviction that when the picture sought to be presented has been successfully etched in an intelligible manner in its major points, each of my hearers will be fully competent to fill in the minor details to a satisfactory completion; and in these premises is essentially the difference between the task, self-selected and set in this writing, and the duty required to be performed if my service were a clinical lecture with a case before me, all of the particulars of which would have to be inquired into, and for which it would be obligatory on me to give concrete attention to the utmost minutiæ and specific directions concerning every thing. It will be observed that

*Read before the Union District Medical Society, at Rushville, Ind., Oct. 28, 1880.

my comments have reference exclusively to typhoid fever plain, omitting all consideration of its complications.

About twenty years ago I was called to see a young lady with fatal typhoid fever, in consultation with a physician older than myself. The patient was in probably the third week of the fever, and was taking, under direction of the attending physician, calomel to correct the secretions, turpentine for the diarrhea and tympanites, ipecac for the cough, carbonate of ammonia for debility, valerian for nervousness, quinia as an antidote to malaria, and peppermint for nausea—seven different drugs administered at the same time, each in periods varying, say, from thirty minutes to three hours. The doctor insisted that symptoms were present for which these were the appropriate remedies, and no argument of mine could convince him that such a medley of medicine would have results that no man could anticipate or measure.

During the current calendar year I have managed to restoration a case of typhoid fever in my own family of average severity, the drugs administered during the continuance of the malady being twenty grains of quinia, say two drams of Squibb's deodorized tincture of opium, and four ounces of brandy, not because these are special remedies for typhoid fever—for there are no such special remedies—but because they were called for in this particular case, in my judgment, and they were all the case demanded. For at least three fourths of the time the fever lasted no medicine at all was given, because I knew of nothing that would make the case progress better.

These two events are presented as illustrations of what was formerly thought necessary in the medication of typhoid fever by a doctor in good standing and in full practice, and what has been recently done by myself in a case where I had the highest incentive to do the best, and could do exactly as my will dictated. And I offer the rehearsal as a fit proem to what I have to say concerning the treatment of typhoid fever.

A Frenchman, instructing as to the proper cooking of a rabbit, directs as the first step to catch the rabbit; so in speaking of

the treatment of typhoid fever it is important to advise that one be sure he has a case of typhoid fever to treat. There is typho-malarial fever and a typhoid state of the system in other diseases that should not be mistaken for typhoid fever; and while true typhoid fever may be caused by eating diseased meat, as in those who ate the spoiled veal during the festival at Kloten, Switzerland, in 1878, it must be kept in mind that diseased meat may excite fever with vomiting, purging, and other disturbances of the alimentary canal and the nervous system, that bear a strong resemblance to those of typhoid fever, and yet are not, as in those who ate spoiled veal during a festival at Andelfingen, Switzerland, in 1839. So too sewer-gas may induce real typhoid fever, as in the Prince of Wales not long since, or it may cause widespread and serious disease not typhoid fever, as at the National Hotel in Washington some years ago. In the present state of our knowledge we must rest on the idea that typhoid fever is produced by a small portion of the excreta from the bowels of a person suffering from typhoid fever, and that this may be carried from the ill to the well by air from a drain or that has passed over dried feculent matter containing the morbific agent, or it may be carried by the fingers, or in milk, or water, or meat, or possibly esculents of many kinds, the essential in the premises being to conduct the contagium from the intestinal canal of one having the typhoid fever to the canal of one liable to it.

Having determined that we have a case of typhoid fever to treat, we must recognize the further fact that it is a specific disease that has a certain order of development, a certain succession of phenomena, and a certain time to continue, at the end of which it spontaneously subsides, just as smallpox, measles, and mumps have each a certain order of development, a certain succession of phenomena, and a certain time to continue, at the end of which they spontaneously subside. The natural average duration of typhoid fever is twenty-eight to thirty days; and if we can keep our patient alive for this period, and no local lesions have been created by it incompatible with life, our patient will get well.

Typhoid fever is never jugulated. The contagium having found a fruitful lodgment in a human system — taken root, as it were—the whole succession of phenomena must be concluded, it may be mildly, it may be severely, it must be completely if the system has sufficient vitality to bear the burden it imposes. Sir William Jenner, the highest authority in Great Britain, recently declared these words: "I have never known a case of typhoid fever cut short by any remedial agent; that is, cured." It is therefore an important factor in our knowledge of the proper therapeutics of the disorder that we see our whole duty in managing it to its natural termination, making no attempt to cut it short, to cure it. This prime fact clearly recognized, and permitted the controlling influence it should have, simplifies the management in a high degree, and saves the patient from much of the perturbating medication deemed essential a few years since, and which, at the best, never did any good, and, there is reason to fear, often precipitated complications that otherwise would not have appeared.

The first and chief essential in the management of typhoid fever is rest. Among the earliest symptoms are a sense of great prostration, a general soreness and aching of the back and limbs, loss of appetite, and disturbance of the bowels. If the patient undertake to overcome these ills by active exercise, forced eating, or strong purgation, he may do that which will destroy his life, that might otherwise be saved. The physician should require the patient to take his bed on the advent of these symptoms, if at all serious, and keep him there until the disease has run its course; and the physician would commit an error if at this stage he should undertake to improve the condition of the patient by giving him tonics, stimulants, antiperiodics, or alterants.

During the first week of the fever frontal headache and sleeplessness are what the patient suffers most from, and which the medical attendant will be urged most to alleviate. They can not be overcome entirely, but may be modified. The room should be kept cool, dark, and thoroughly ventilated. Sometimes cold

applications to the head are most relieving, sometimes warm; experience must be obtained, appreciated, and allowed to guide. If the temperature be high and the skin dry, a sponge-bath, often repeated, if necessary, will be proper and may induce sleep; but if the insomnia be too distressing and protracted, potassium bromide or chloral, or, perhaps better still, the two combined, may be given at night in moderation. Opiates should not be wholly discarded at this stage, but must be administered, if at all, with great attention to their general powers and any idiosyncrasy of the patient.

During the second week delirium supersedes the headache, the bowels are apt to be more disturbed and tympanitic, the tongue thickens, and the strength fails. We have no cures for these evils, and our ability to ameliorate them is limited. The diarrhea has a triple cause; the general intestinal mucous membrane is affected, as are the other tissues, by the constitutional condition; the discharges from the now ulcerating intestinal glands are irritant to the mucous membrane they pass over; and there is a special sympathy between the ulcerated patches and the lining membrane, that joins the other influences to augment the troublesome diarrhea. Still if there be not more than, say, five moderate discharges in the twenty-four hours the diarrhea may be left to itself; but if the diarrhea be much greater than this, and especially if there be blood in the stools—and there may be slight hemorrhage at this stage from superficial ulceration of the agminated glands—opiates may be cautiously used and the carbonate of bismuth; and if the stools be unusually feculent charcoal will be serviceable. Turpentine stupes to the abdomen, formerly so much in vogue, are without benefit, and turpentine internally has nothing to commend it.

In the deep ulceration of the third and fourth weeks of the fever serious and alarming hemorrhage may come of the opening of larger vessels at the bottom of the ulcers, and call for the active use of opiates, and, it may be, of the acetate of lead in addition, to keep the bowels quiet; and the patient must be kept recumbent absolutely. If stools take place and the bed-pan can

not be used, cloths must be substituted. Under such circumstances an attempt to rise to a commode for stooling may involve an immediate fatal result. I had such a disaster in my own practice many years ago. Injections of starch-water and laudanum are valuable in some forms of diarrhea if efficiently applied, but it is so rarely that this can be done in private practice that they need not be mentioned as among our available means for regulating the diarrhea of typhoid fever, except where skilled nurses are in attendance.

It must be borne in mind also that while superficial ulceration of the intestinal glands almost invariably produces diarrhea, the deep ulceration of the later stages of typhoid fever often has precisely the opposite effect; that is, induces paralysis of the bowels and consequent constipation; and in connection with this the bowels may become enormously distended with flatus, the acme of this difficulty being reached in the latter part of the third or in the fourth week, as it is at this time that sloughing and deep ulceration of Peyer's patches are present with their attendant physical prostration and nervous exhaustion. It is at this time that alcohol in suitable doses promises its most effective service. It will add to the vital vigor of the patient without increasing fever or other morbid activity. There is sometimes great accumulation of flatus in the rectum, with no ability in the gut to expel it, and in such cases the judicious insertion of a suitable elastic tube will aid the escape of the gas and afford great and valuable relief.

Temperature when it exceeds 106° F. is always a threatening symptom, and it should be lowered by the application of cold—by cold baths, if the patient be able to take them; if that be dangerous, then by sponging or the use of water-bags or tubing. I know of the reliance of the Germans and many Americans on large doses of quinia to abate excessive temperature, but while I do not wholly discard them I feel that my patients will do better to have their pathologically high animal heat reduced by means that do not unpleasantly affect their nervous systems nor disturb their digestive apparatus.

Feeding typhoid fever patients is an affair of magnitude from beginning to end. Even in the forming stage the appetite is gone, and may not be safely tempted with improper food. No aliment that has an indigestible residue may be given at any time, and solid food, in the usual acceptation of the term, must also be withheld. And it should not be forgotten that milk must become coagulated in the stomach before it can be digested, and if more be taken than can be converted into peptone by gastric energy the curd remains to ferment in the stomach, or passes into the intestines as solid food that irritates, and has been known to act as an exciter of increased diarrhea, fever, and their accompanying dangers. But milk properly administered may be used at all stages of the disease, through the greater part of it, with the pulp of ripe fruit, bread, etc.; and in the third and fourth weeks with alcohol, eggs, and the like. Broths and soups are appropriate, and an especially nutritious preparation is the expressed juice of a juicy beefsteak slightly cooked and properly seasoned, given diluted or mixed with crumb of bread, potato, or rice, made into pulp. Indeed all food should be fluid or pulpy, for obvious reasons. Consideration must be had to the quantity of food suited to a given case. Ingesta that can not be converted into nourishment excites fever or diarrhea, or remains in the alimentary canal to ferment, irritate, and increase flatulence.

Drink is another matter of prime importance in these cases. The patient should have plenty of fresh, pure water. While he is rational his desires may regulate the quantity; when he is delirious it should be given him according to his manner previously or his known habits. In my own experience conscious patients have had craving for very sour lemonade, and I have indulged them freely.

As at present advised we must account the discharges from the bowels as the vehicle of the contagion of typhoid fever, and consequently the management of them should receive early and constant attention. It is not seemingly the fresh alvine evacuations that bear the contagium, but those which have been passed

for a time. While the patient is able to rise to the commode or use the bed-pan, the vessel—which should be glazed clayware, never wood or iron—should constantly have in it a solution of sulphate of iron (one pound and a half to the gallon of water) or of chloride of zinc (two ounces to the gallon of water). The quantity need not be large — say from four to six ounces — enough to cover the bottom of the vessel. The stool is passed into this, and immediately that the patient rises an additional portion should be added, sufficient to make at least twice the amount of the stool, and they should be thoroughly incorporated; and then it is better to bury the mixture where the drainage is surely away from the house, the wells, and the water-supply for both man and beast. If cloths be used to receive the stools they should at once be boiled, as should all the bedding and garments used by the patient. And this leads to the recommendation that the bed or mattress be covered with rubber cloth or other impervious fabric, and only such things allowed between it and the patient as may be removed and boiled. The sick-room too should be trimmed to this idea; all carpets, curtains, and other stuffs that might receive the contagium and can not be boiled should be removed. Where boiling is advised and it can not be done at once, the things should be completely saturated and covered with the solution of the chloride of zinc. No refuse food, soiled clothes, or dishes, nor personal discharges of any kind from any person should be permitted to remain in the sick-room, which should be kept thoroughly clean, perfectly ventilated, and clear of all persons not necessarily attendant on the patient, and of those unpleasant odors and fetid gases, as of carbolic acid and chlorine, that in any respirable quantity are wrongfully accounted disinfectants, but which are in fact only impurities in a room where the utmost purity is demanded, and are too often merely more potent smells invoked to cover a failure, either through ignorance or laziness, to remove dangerous smells that ought not to be allowed to exist for a moment.

With these precautions, and with thoughtful attention to numberless little affairs that any judicious nurse will see, but

the most prescient doctor will not always anticipate, not only can the spread of typhoid fever be measurably prevented, but the mortality among those who may be attacked will be comparatively light.

The foregoing method of management contemplates that for much of the natural duration of uncomplicated typhoid fever no active medication is demanded, and, as an abstract proposition, should not be given; but we must not ignore the fact that in ordinary private practice the friends of a patient will not be content to see him suffer without medicine for days together, even if the patient himself were willing; and their uneasiness would affect him unfavorably if rational, and if delirious they would assume the responsibility to call in some physician or quack who would give medicine or something bearing that name. This state of the lay mind is doubtless due to assiduous and long-continued cultivation by the profession, the prevailing idea among all classes being that while a doctor attends he must administer drugs; that this is the chief end of science, and the service by which the physician earns his fee. It is a doctor's duty to cure where he can not prevent, and if he find that systematic dosing must be maintained where no active medicament is required he must be diligent and earnest with placebos.

In February last a young farmer four miles in the country was seized with typhoid fever. I saw him in the first week and diagnosed the malady, and did not see him afterward, but his father reported progress every one, two, or three days at my office. It was a mild case, without complications, and needed very little medicine, but the family and neighbors needed much, and the patient took with the utmost regularity, while not sleeping, two grains of chlorate of potash in solution every three hours, superseded at intervals by tablespoonful doses of water slightly acidulated with nitro-muriatic acid. Theoretically these might both be accounted appropriate remedies, and perhaps they were beneficial, but if so the patient was easily affected; and if I had not deemed it advisable to keep the environment in good condition, and through it the psychical status of the patient in

favorable equilibrium, I should have trusted the case, with watchful observation, to rest, aliment, and proper nursing.

I can not more appropriately close this brief and imperfect effort to picture the rational treatment of uncomplicated typhoid fever than by quoting a sentence of Sir William Jenner's address to the late meeting of the Midland Medical Society, as follows: "As the treatment in reference to many symptoms is, in the present state of our pathological knowledge, tentative, it may have to be varied frequently, both as regards continuance and dose of drug, of stimulants, and of cold. My experience has impressed on me the conviction that that man will be the most successful in treating typhoid fever who watches its progress not only with the most skilled and intelligent, but also with the most constant care, and gives *unceasing attention to little things*, and who, when prescribing an active remedy, weighs with the greatest accuracy the good intended to be effected against the evil the prescription may inflict, and then, if possible evil be death and the probable good short of the saving of life, holds his hand."

RICHMOND, IND.

DIAGNOSIS OF INSANITY.

BY ORPHEUS EVERTS, M.D.

Insanity is a derangement of thought and action indicating disorder of the mechanism of consciousness, by which perceptions and their reflex mental concepts are perverted and falsified. Insanity is not a disease, but an assemblage of symptoms of disease. It stands in the same relation to disease that pain does, only occupying a much broader field or wider range of uncertainty respecting the physical disorder which it reflects.

An early recognition of insanity is important, both medically and socially. It is important medically as affording greater prob-

ability of cure, and socially because of the recognized relation of mental states to human conduct and responsibility. Great, sudden, or long-continued departures from that common condition of consciousness and its activities which is characterized by ordinary mental states of men occupying a common plane of life, the variations of which, however numerous, are within certain well-defined limits, are readily recognized by ordinary observers, and the subject of such derangement may be unhesitatingly pronounced insane. But there are other departures from ordinary courses, so slight at first, so insidious and slow of progress as not to attract the attention of unskilled observers, and also to deceive such, if tested by their perceptions, which may nevertheless be symptomatic of grave disorder.

Insanity as an indication of disorder is like pain in another respect. If one hears another groaning or shrieking, or sees him writhing in agony, every feature and every gesture expressing pain, no doubt is even suggested to our minds respecting the man's suffering and an implied disorder of his system. At the same time there are persons all around us suffering pains which find no such marked expression, which do not attract attention nor enlist sympathy, yet indicate, when correctly diagnosed, serious if not fatal organic lesions.

How shall we determine what mental states or manifestations constitute insanity, or distinguish the perversities of morbid consciousness from the variable reflex presentations possible within the range of health? By our knowledge of mind in association with living material mechanisms. By physical signs and commemorative circumstances.

A comprehensive knowledge of mind such as is within the reach of every intelligent student implies a comprehensive knowledge of man physiologically considered as an individual and historically considered as a race. It implies also a consideration of all other beings with the living mechanism of which mind in any possible degree of development is known to be associated, whether such being is capable of thinking or only of less and still less complex responses of consciousness to

sensation, yet corresponding in complexity and force to its own needs.

The Physical Signs of Insanity may be classified under two heads, viz. 1. Expression; 2. Pathological Conditions. Under the head Expression are embraced all such signs as aspect, gesture, attitude, manner, habit, emotions, and utterances which are indicative of mental states. Under the head Pathological Conditions are included all such present bodily disorders, dyscrasias, cachexias, or mechanical injuries as are known to affect the function of ideation by immediate or remote influences.

The value of aspect or look of the insane as a diagnostic sign depends upon the stage or violence of disorder indicated and the skill and practice of the observer. But few persons, however well informed theoretically, who have not made long and patient clinical studies of insanity, when introduced to the wards of an insane hospital, are enabled, by the aspect of inmates who may surround them, to distinguish attendants or nurses from patients. The countenances of insane persons are nevertheless expressive of mental states, as is the face of every person, whether sick or well, had we but the skill to interpret its expressions.

There is a notion prevalent that the secrets of a distempered soul are always gleaming from a madman's eyes. This is a popular error. The eye itself is not affected by any effluence from within. Great changes of countenance or general expression are effected by the relations of surroundings to the eye, by the contraction and relaxation of various facial and orbital muscles, but the eye itself undergoes no change beyond the variations of the pupils. An exploration of the inner chambers of the eye by the most skillful ophthalmoscopist fails to discover diagnostic information respecting mental states. As well might we expect to find a registry of thoughts upon the tympanum as upon the retina, or to discover a man's delusions by rhinoscopy, as by looking into his eyeballs.

What has been said of aspect or look may be repeated of gesture, attitude, and manner. They all contribute to a gen-

eral and harmonious expression of mental conditions. So intimate indeed is the relation of expression to mental states, they are regarded by eminent physiologists as concomitant and inseparable. There are attitudes which, if persistently maintained, and gestures which, if continuously repeated, no one would fail to accept as testimony of mental disorder. But ordinarily these witnesses, like the expressions of face, including the wild, flashing, or dull eye, in which so much confidence has been reposed, require corroboration.

Habits are only indicative of mental derangement when they transcend the limits of eccentricity or furnish a contrast with usages customary with the individual suspected or persons of his class and surroundings. Emotions and utterances should afford the most trustworthy and easily-recognized evidence of mental disorder of any of the physical signs, and yet in all doubtful conditions their testimony has to be weighed and considered with great caution. Disorders affecting mental states show themselves through emotional perturbations often long before more purely intellectual manifestations indicate disturbances of any kind.

Pathological Conditions as physical signs of insanity, unassociated with corroborative signs of expression, are, however suggestive, not to be trusted. But associated with expression they become interesting and important witnesses. For intimate as is the association between mind and body, whether embracing the entire structure or limited to the brain and its appendages, there is no pathological condition revealed during the life of the subject from which alone the most expert can infer with certainty a given mental state or predicate necessarily attendant actions or expressions. Our present state of knowledge enables us to recognize only the coarser structural changes in such organs as can be examined during and to infer living conditions from investigation of organs hours, sometimes days, after life has ceased and other forces have been holding silent but not inactive possession of them. All those more delicate lesions of structure by which functions are deranged, but which do not result from nor neces-

sarily end in organic change perceptible to our senses, but the manifestations of which are palpable, still baffle all efforts of science to demonstrate them. And while it is true that a large proportion of persons who die clearly insane present pathological conditions sufficiently coarse for recognition also, and sufficient to account for their mental states, it is also true that many cases of a doubtful class, or during the incipient or early stages of disorder, are attended only by and result from those occult, delicate, perhaps molecular changes or disturbances of structure which, for want of knowledge, we call functional. And it is in just this category of cases in which a correct diagnosis is of the greatest importance.

As there is no pathological condition open to inspection in the living subject upon which insanity may be predicated with uniform certainty, it is equally true that there is none that may not under some circumstances become the exciting cause of mental derangement, however remote the probability of such a result. Tongue, pulse, and temperature are not pathognomonic of mental disorders.

Commemorative Circumstances as evidences of insanity are only less significant than physical signs, as pathological conditions are less significant than expression. Commemorative circumstances taken by themselves can do but little more than excite suspicion or awaken apprehension of insanity, but when associated with physical signs they become powerfully auxiliary, and without their aid the value of doubtful expressions is difficult to estimate.

There are three classes or variations of mental states which may be regarded as disorderly, and, if continuous, as indicative of disease, under which all phases and grades of insanity may be profitably grouped:

1. States of mental exaltation.
2. States of mental depression.
3. States of mental inertia.

These states, especially those of exaltation and depression, frequently alternate in the same subject in the earlier stages of

mental disorder, either state predominating for an indefinite period. As there are many degrees of departure from a uniform standard of mental activity within the limits of mental health, and so not referable to either classification as given above, there can be no fixed gauge of mental equilibrium by which mental disturbances may be tested. Hence the mental states of each man within certain bounds must be tested by contrast with the states natural to and customary with the individual. This can only be done by an appeal to commemorative circumstances.

A change of mental state, often gradual and insidious, more often emotional than intellectual, as indicated by expression, is the preface, as it were, to a volume of insanity the chapters of which may not yet be written. So uniformly is the outbreak of mental disorder preceded by this period of change of indefinite duration — sometimes quite brief — that there are few instances where the fact can not be established by commemorative circumstances.

After ascertaining the character of present and more recent mental states, the next thing in the investigation of a case of supposed mental disorder is, to compare such states with conditions habitual or characteristic of the individual. If the present state be that of exaltation, and yet within certain bounds, and it be the consequence of derangement, commemorative circumstances will decide the point. Some men are characteristically braggarts, self-asserting, exaggerating, domineering, or perhaps good-natured swaggerers or self-important liars. Some men go through life breezy, blustering, and sometimes tempestuous — always in a state of exaltation as compared with some other equally familiar characters, calm, self-possessed, level-headed men, or timid, reticent, and undemonstrative persons, each one of whom may represent a natural or physiological condition, his peculiarities being the result of typical structures, and not variable disorders of a single type of organization.

There is no more trustworthy evidence of insanity than that of emotional and intellectual change in a person without a suffi-

cient and rational cause other than disorder. When a miserly man becomes generous or profligate, or a man of means manifests fears of poverty and want; when a modest and obedient son becomes headstrong and unreasonable, or antagonizes the will of parents and friends; or when a bold, lively, harum-scarum fellow becomes moody and inclined to seclusion; look out; these are the danger-signals of insanity. Some men are from youth up characteristically vulgar and filthy in all the relations of life, while the habitual expression of others is refined, cleanly, and respectful. Each man's condition therefore must be tested by reference to his natural states, inasmuch as the physical signs, accompanied by commemorative circumstances, which should be accepted as proof of disorder under some circumstances, under other circumstances would be entirely consistent with the laws of health.

Eccentricity of character is not necessarily insanity. If of natural growth and consistent with itself, it may indicate eccentricity or peculiarity of organization, but not disorder of mechanism such as it is, the peculiarities of which we may not be able to detect or explain.

Another important commemorative circumstance should always be considered in estimating the tendency or value of expression as an evidence of insanity, and that is the circumstance of early education and associations, the force of public opinion of different communities or peoples as influencing ideas, beliefs, and acts. That a South Sea cannibal should kill and eat a Christian missionary would not be evidence of insanity on the part of the cannibal; but should the Christian missionary, unless overwhelmed by the savagery of hunger, kill and eat with relish a cooked cannibal, the evidence of insanity would be indisputable. An act of homicidal violence by a man born, reared, and educated in communities where to resent personal affront or injury by sudden or deliberate manslaughter is inculcated as a right and duty, and sustained by communal approbation, would not have the same significance of mental disorder that a similar act might have if perpetrated by a man born, reared, and edu-

cated where greater respect for statutory law prevails and greater regard for human life characterize the people.

Habits of body, as of eating, sleeping, cleanliness, and the involuntary or visceral functions, come under the head of commemorative circumstances, and are important considerations as diagnostic of mental states.

Loss of sleep is an efficient exciting cause of mental disorder. It breaks in upon and destroys that physiological rhythm which prevails in states of health.

Alternations of integration and disintegration, or repair and waste, to which correspond states of rest and activity, are essential conditions of vital force and the healthful performance of organic functions. Sleep without dreaming is the true physiological rest of the whole being, and especially of the brain. Inability to sleep, particularly if accompanied by indifference of will, is an evidence of disorder of the first class, and is very common to mental states of exaltation and depression, but not of inertia.

Impaired visceral function, as indifference respecting food, and inactivity of the organs of alimentation, are commemorative of states of mental disorder.

In mania and melancholia (names which correspond to states of exaltation and depression) central excitations seem to occupy the attention of consciousness to the exclusion, more or less complete, of the ordinary peripheral influences communicated through the special and especially the visceral senses. Hence the visceral functions, neglected by the brain, are but indifferently performed, and the organs themselves become impaired or or inactive for want of reflex cerebration. In dementia (corresponding to states of mental inactivity) this relation of reflex action is reversed. The function of ideation is in abeyance, while the brain may respond to visceral sensations, and all the lower organic functions be accordingly well and punctually performed.

Another class of commemorative circumstances pertains to pedigree and family history. We are, zoölogically considered,

but evolutions of our ancestors, perpetuating types and qualities of structure modified only by the laws of miscegeneration and less perceptible influences of various accidents and incidents of life. Our fathers live in us, and we will be repeated in feature and in characteristics by our descendants. The Hapsburg underlip, the Bourbon nose and mouth, the far-reaching insanities of the royal houses of Castile and Hanover, are illustrative of this tenacity of structure and characteristics through the evolutions of many generations. The testimony of heredity as an evidence of insanity is very valuable. The potentiality of insanity may be assumed as inhering to the structures of the immediate offspring of insane parents or parents in whom the potentiality is known to reside, but in whom the disorder may never have become actual. The development of insanity in collateral branches of the same descent is evidence of the potentiality of the disorder, diminishing in value by the distance of relationship. Inherited defects of organization, modified by the unknown influences of evolution, and acted upon by variable excitants, may respond by mental states or other features of disorder differing widely in different recipients of the same heritage.

Insanity, presenting itself in many phases of mental disorder—hysteria, epilepsy, inebriety, imbecility, idiocy, and other correlative conditions—may originate in a common neurosis of a single ancestor, but appear among a more or less widely-distributed posterity. The skillful diagnostician, seeking the evidence of commemorative circumstances respecting a doubtful case of insanity, will not content himself with the assurance that none of the patient's ancestors were ever insane, none of his kindred lunatics. Was his father or his grandfather a habitual or a periodical drunkard? was his mother hysterical or eclampsical? were or are any of his near kindred epileptics? etc. He will ask all of these questions.

Muscular convulsion, atonic agitation, and muscular paralysis are physical signs and phenomenal expressions of cerebral conditions, allied to, if not correlative of conditions which are otherwise expressed by mania, melancholia, and dementia. They

perhaps bear a similar relation to each other that ideation bears to coördinate muscular motion. Certain it is that both these orderly phenomena are associated with cerebral structures and activities, as are also their disorderly antitheses, and that an excessive manifestation of either ideation or muscular motion is to a considerable degree at the expense of the other. He who toils persistently and laboriously with his body may think, but the scope and volume of his thoughts are exceedingly limited when compared with the ideation of him who devotes all of his energy to thinking. But beyond these facts we know but little of the relation of structure to manifestation; and without knowledge speculation is not only endless, but useless.

Having thus summarized the elements of knowledge essential to an intelligent diagnosis of insanity, and indicated in a general manner its use, I will close this paper with a quotation from the great Chinese philosopher, apologetically rather than egotistically, viz. "When I have presented one corner of a subject to any one, and he can not from it learn the other three, I do not repeat my lesson."

Cincinnati Sanitarium.

CLINICAL REPORT OF SURGICAL CASES TREATED AT BUFFALO GENERAL HOSPITAL.

BY CHAS. C. F. GAY, M.D.,

Attending Surgeon.

OSTEO-PERIOSTITIS—RECOVERY.

Max Schmidt, aged twenty-six, entered hospital June 29, 1876. Four months before he fell down stairs, and was visited by Dr. Thompson, of Angola; had his leg dressed for fracture of the external malleolus; was kept in splints six weeks; then

removed to alms-house, and splints were then removed. On attempting to use the foot, redness, swelling, and great pain extending from the foot up to the knee supervened. Present condition — Foot cold, painful, swollen upon the dorsum, very red, resembling erysipelas in color. Patient said his fibula near the ankle had been fractured, and attributed his ailment to that. Poultice to foot was ordered. No fracture was detected. Patient ordered to keep his bed.

July 20th: No improvement; pain extends up the leg, and there are constitutional symptoms, but they are not traceable to specific disease. Has chills, and almost has convulsions if his limb in any way gets hurt. Today made several punctures upon the dorsum of foot with sharp-pointed bistoury. Considerable sanious fluid escaped, but no pus. In a measure this relieved the patient for a few days, and lessened the swelling also; but on its return punctures were again made with but the same temporary relief and result.

August 5th: Today I placed the patient under the influence of ether, and incised the foot and leg the entire distance from the toes to the upper third of the leg, and through the periosteum to the bone. Thin fluid in small quantity, as in the punctures, escaped. The wound gaped widely open, and so remained. The cut revealed great tension of the integument and periosteum, since the borders could not be approximated nearer than an inch immediately after. This tension of the skin is owing to hyperostosis of the tibia consequent upon the existing or preëxisting acute osteitis. The tibia therefore has become swollen and hypertrophied, binding the integument and muscles so tightly around the bone as to mechanically obstruct the circulation in the limb. Hence the coldness of the foot, which has only been kept warm by hot applications.

The bone was not carious nor necrosed. The wound was of course allowed to remain open, and warm-water dressings applied. During the following three nights morphia, which had been, previous to operation, hypodermically employed, had to be administered in order to secure exemption from pain, the

pain occurring almost always at night-time. After three or four days the patient enjoyed immunity from pain; the wound suppurated freely, all swelling disappeared, and fomentations were displaced by basilicon ointment. The wound gradually closed up, leaving the patient with a good limb.

Incision freely through the soft parts and periosteum converted a non-suppurating osteo-periostitis into a suppurating cellulitis, which was followed by mitigation of pain and subsidence of all local and constitutional symptoms. The ostitis was not necrotic, and in this respect it furnishes an exception to the rule.

September 8th: Wound nearly closed, and patient is improving in flesh and health.

DIFFUSE CHRONIC OSTEO-PERIOSTITIS WITH OSTEO-MYELITIS—DEATH—AUTOPSY.

August Cigenhager, aged twenty-one, entered hospital May 23, 1875. Three months ago he slipped and fell while carrying a heavy plank. The plank fell across his thigh, causing much pain, which never entirely left him. There was no evidence of specific disease. His right thigh was swollen and painful, tender to the touch from the knee to the hip. He had been treated for rheumatism. Presently symptoms pointed to the presence or at least approach of pyemia. His pulse was 100 and temperature 103°, gradually rising to 106°. Quinine, whisky, and beef tea ordered, with poultices to the thigh. This treatment was continued until May 26th, when I determined to make an explorative incision down to the bone, in order to learn whether the periostitis was suppurative or non-suppurative. One half ounce of broken-down blood, but no pus or serum, escaped. The finger introduced to the bottom of the wound did not detect necrosis. Patient became worse instead of better after the incision was made. The thigh became emphysematous, and on the 29th the patient died. Autopsy made by Dr. Mynter sixteen hours post mortem. Emphysema general from head to feet, so as to render the body unrecognizable. Femur was removed

and longitudinal section made with the saw, which revealed diffuse osteo-myelitis. The entire contents of the medullary canal were destroyed; also a portion of the bone showed osteo-periostitis, and was partially necrotic. The accompanying figure is a correct representation of the bone as photographed shortly after its removal.



Remarks. Ordinarily one would conclude that in case of periostitis or osteo-periostitis free incisions down to the bone would arrest the tendency to septic poisoning. Favorable results from incisions might always be looked for in case the disease attacked the tibia or forearm; but when the femur or humerus is attacked the case is much more serious, and calls, in the majority of cases, for early amputation at the shoulder or hip-joint, to save the life of the patient. The incision down to the bone in this case I have reported gave no relief, but, on the contrary, seemed to hasten the progress of the disease to a fatal termination. Probably amputation at the hip at the time the patient came under my observation would have been of no service whatever in warding off the fatal result. Blood-poisoning is common in this form of disease, and when air gains admittance to the products of inflamed bone the liability to septic poisoning is enhanced. Incision therefore should be made with great caution, and its propriety well considered, especially when the disease is located either upon the humerus or femur and the inflammation is non-suppurative in character.

OSTEO-MYELITIS COMPLICATED WITH SYNOVITIS — DEATH — AUTOPSY.

I am indebted to my house-surgeon, Dr. McBeth, for the following report:

Henry Roache, aged forty years, laborer, widower, entered medical ward of hospital March 10, 1880, with supposed erysipelas of the right foot, leg, and one half of the thigh. Ulcerated spots appeared upon leg since attack; veins above disease unusually livid and enlarged. Local applications ordered of sol. opii et plumbi, and hot fomentations, with tr. iodine painted around thigh above the line of inflammation. Quinine, tr. ferri chloridi and whisky were administered.

March 15th: Opened abscess of leg by free incisions, and obtained pus, two pints. Flaxseed poultice applied, with permanganate of pot. and irrigation. This was followed by extensive sloughing, exposing gastrocnemius and soleus muscles.

March 27th: Poultice discontinued; used pulv. cinchonia bark with cerate. Synovial swelling supervened, and soon contraction of the hamstring muscles, preventing extension of limb, and at length sub-luxation backward of the tibia and fibula.

Patient was now transferred to surgical ward. On consultation of surgical staff, on April 28th, amputation was decided upon; but as pyemic symptoms are present, delay of the operation is advised, in order to improve, if possible, condition of the patient.

May 4th: Dr. Gay amputated at lower third of the femur. Limb was so much infiltrated that Esmarch's bandage could not be employed with safety or benefit, although its use was much needed, since the patient was scarcely able to lose any blood. Patient rallied from the operation slowly. Quinine and whisky in large doses often repeated were ordered, and drainage-tube employed, which was very effective in draining off a large quantity of pus.

Examination of the amputated member showed the medullary structure of the femur partially broken down and destroyed, soft parts infiltrated with pus, the joint surfaces and igaments entirely destroyed, and the bones necrosed. The opposite knee now began to swell, and became very painful, but was entirely relieved in a few days by the employment of the rubber bandage lightly applied around the joint. Pulse 130, temperature

105° F. Profuse sweating and aggravation of pyemic symptoms.

May 19th: Patient rapidly grew worse, and died on the morning of the 20th. Autopsy—slight pus deposit in knee-joint and large deposit in left thigh; viscera not examined.

Remarks. At his clinic Dr. Gay remarked that erythema occurring during the progress of osteal lesions is sometimes mistaken for erysipelas, and hence incisions are too long delayed, and when at last made are not carried to sufficient depth, in order to be most effective. Not only the integument and muscles, but the periosteum, should be incised, the incisions made freely and extensively; and it will be often necessary to penetrate to the medullary structure by employment of the trephine. Esmarch's bandage he always uses in amputations when practicable, but in this case its employment was interdicted on account of the danger arising from the supposed liability of pus to enter the circulation. The elastic bandage, if not dangerous when applied to an infiltrated limb, would most assuredly be useless; it could not possibly cause the expulsion of the blood from the blood-vessels; the vessels could not possibly be compressed, however tightly the bandage might be applied, so long as they were surrounded and protected by a considerable amount of serum or pus or any other fluid.

BUFFALO, N. Y.

A SUCCESSFUL CASE OF HIP-JOINT AMPUTATION.

BY G. GLANVILLE RUSK, M.D.

In the early part of May I visited Augustus Moore, colored, aged thirty years, mariner by occupation, who informed me that he had been suffering for three months and bed-ridden about one month, owing to the presence of a growth occupying the

inner side of the right leg, which had commenced as a subcutaneous lump near the knee. He had been ordered a variety of applications for the purpose of "bursting" it, and desired me to evacuate the matter at once, as he was unable to endure the agony longer. Upon inspection I observed a tumor, in which there was neither fluctuation nor pulsation, involving the anterior femoral region of the right leg, beginning in the vicinity of the knee and encroaching upon Scarpa's triangle. The dimensions of the tumor were fifteen inches in length and twelve inches in breadth. The increase in size had been rapid. A chain of glands could readily be detected in the inguinal region. At this time the thermometer revealed no difference of temperature between the limbs. I thrust into the tumor an aspirating needle of large caliber in different directions, from which neither blood nor pus issued; consequently I was unable to make a differential diagnosis. The query then presented itself, What is the pathology of the case? From the evidence I had obtained (as the non appearing of blood or pus contra-indicated the presence of an encysted abscess or an aneurism) I was compelled to denominate it a soft sarcoma, which opinion was concurred in by several eminent professional brethren. In view of the man's deplorable condition I proffered him an amputation at the hip-joint, as the only source of hope for relief or recovery. He accepted gladly the proposition, notwithstanding I endeavored to impress upon his mind the great dangers attending such a procedure. I sent him at once to the Church Home Infirmary for preparatory treatment, as his vitality was at a low ebb.

May 14th, at 2 P. M., I had him placed under the influence of chloroform, for the purpose of making an extensive incision through the tumor, to verify or set aside my diagnosis prior to operating. The contents of the tumor was coagulum. The circulation in the diseased limb had nearly ceased, lowering its temperature, and gangrene seemed imminent. Therefore I proceeded to perform the amputation at the hip-joint after the manner of Erichsen. Having used Lister's compressor, the amount of hemorrhage was reduced to a minimum. Upon the removal

of the limb I dissected from the flaps some heterologous tissue, which unfortunately was not subjected to the microscope. After the ligation of the blood-vessels the edges of the wound were brought together and secured by silk sutures. I found the nevus needle more convenient than the ordinary surgeon's needle. Reaction from surgical shock occurred in due time under the careful use of stimulants. No secondary hemorrhage. At my leisure I examined the tumor, which proved to be a diffused aneurism of the femoral artery.

May 25th: Rested well during the previous night under the influence of an anodyne; pulse 134, temperature 100.5°. May 26th, pulse 120, temperature 101.2°. May 27th, pulse 106, temperature 99.2°. May 28th, pulse 110, temperature 98.6°. May 29th, pulse 120, temperature 101.6°. May 30th, pulse 128, temperature 102°. May 31st, pulse 120, temperature 101.8°.

From the last mentioned date till his dismissal from the infirmary his improvement was continuous. The treatment was, an anodyne of opium or belladonna every night, to secure rest; ten drops of the tincture of digitalis, to calm the tumultuous action of the heart, alternated with quinine and iron every two hours, as a general tonic; and an enema of soapsuds when required. The diet was meat-essences, bread, milk, and soft-boiled eggs. No stimulants were used after reaction occurred. The stump was kept scrupulously clean. At no time was there any unpleasant odor from the wound.

June 14th: I discharged him from the infirmary well. Since that time he has engaged in the fruit-packing business, and is enjoying excellent health.

Baltimore, Md.

FOREIGN CORRESPONDENCE.

My Dear Yandell: LONDON, November 15, 1880.

Among the many nuisances we have to contend with in this vast metropolis, and which are the direct outcome of our own carelessness, is that *bête noir* the fog. As with the sewage, so with the fog. We pollute our rivers and render the water unfit for consumption by the introduction of that which in its proper place would prove of inestimable value to the agriculturist. In like manner who can measure the boundless wealth that we blow recklessly away up our chimneys as unfit to be admitted to the delicate atmosphere of our chamber, and which we go forth to inhale in the form of fog in the thoroughfares of our towns? Well might Lord Palmerston define dirt as only matter out of place. The inventors of sewage-farms and slow-combustion stoves are beginning to give us practical illustrations of this trite remark. If the love of money be at the root of all evil it can not be said but what at times, just by accident, it gets at the root of something good also. For assuredly if cabbages and potatoes grown on sewage-farms and rooms heated in a great measure by utilized smoke had not become sources of profit to the speculator there is no knowing how long we might have waited before hygienic science turned its languid attention to such matters. As I write these lines to you I am obliged to illuminate my study with artificial light, and yet it is high noon with us and the sun is all there if we could but make way for his beneficent rays through the dense intervening wall of smoke. But this is not the reason why we grumble. There is real danger in the air. The amount of solid carbon we in London consume in the course of twenty-four hours must be something considerable; and this means actual suffering to many of us.

I am delighted to hear that at last an effort is being made to rid us of our foe. Mr. Ernest Hart, active and energetic as he always is in every thing which is of importance to the well-being

of his fellow-creatures, is again to the front on this important question. But it does certainly seem strange that for years we should have allowed this serious evil to continue without the faintest attempt to stay it. Yet so it is. We complain daily, hourly, of this as well as many other nuisances, but never make any effort to abate them; in fact, I believe as a nation we should be wretched if we could not grumble. You know full well it is an Englishman's privilege, nay his birthright. Ernest Hart then is our hope. He is the rudder to public opinion. When that unstable commodity is tossing to and fro and unable to decide for itself, he steps in, organizes a committee, and puts the matter on a proper basis. Simple and easy as all this appears when done, it requires a big man to start it. Why should we wait till 1880 in order that a fog and smoke committee should be instituted? Never mind; better late than never. Last week they held their first meeting, with Mr. Hart in the chair. The business consisted in a report from Mr. Coles—an authority on the subject, you will say—on the use of smokeless coal. He stated that the fields from which this coal was obtained were no less than eighty miles long by twenty broad, and many thousand feet in thickness, and that practically this supply was adequate for all uses to which it was probable it would be put. Mr. Coles stated further that there was also an inexhaustible supply of anthracite coal in America, and (though you will possibly smile at the low figure) that it could be supplied in London at sixteen shillings a ton. Be that as it may, the means of remedying our present system of coal consumption and imperfect combustion would be cheap at any price. So much for smoke in its initiation; but the question is also being tackled when it reaches the next stage—that of fog. This step has been promoted by the Balloon Society here, the idea being to disperse fog by means of the explosion of dynamite lifted to the proper altitude by means of a balloon. Whether this ambitious experiment is likely to effect its full purpose or not, is not the main consideration. It is of far more importance to us to know that search is being made to discover a remedy. Sooner or later success must follow.

I am sorry to tell you that the troubles at Guy's Hospital are by no means at an end. The whole aspect of the affair is an exceedingly sad one. Come what may, whether the staff resign or whether the governors become in the end amenable to reason, the school must suffer. That one of the grandest of medical institutions, associated with such names as Abernethy and Bright and a score more of the brightest ornaments of our profession, should be torn in pieces by the artifices of religious fanatics, is indeed a distressing spectacle; but of far greater importance is the effect of such disclosures upon the unthinking, illogical people who are so often forced to become acquainted with hospital treatment. The last case is one not of ill-treatment, happily, but of sad neglect on the part of a nurse. The details of the story came out at an inquest held last week. It seems that a patient applied at the hospital in consequence of an injury to his head. He was seen by a nurse, who dressed a superficial scalp-wound and sent the man away. The next day he returned with well-marked symptoms of compression, and was admitted into the hospital. The compression was caused by a depressed fracture of the skull which had not unnaturally been overlooked by the nurse, and shortly after the patient died. Great indignation has been felt both by the profession and the public that the man should have been seen by a nurse only, and not by a house-surgeon or even a dresser. For my own part, I do not think the nurse herself is so much to blame, for after all she is but a part of a system. She was a "Leicester nurse." This means she was under the superintendence of Miss Burt (now the matron at Guy's) when that lady was at Leicester. Women usually do as they are instructed or trained. They are not, as a rule, original-minded. They obey, but they can not lead. The nurse in question, as did the nurse in the now celebrated manslaughter case, appears simply to have followed out her instructions—not a written code, but a well-understood principle; that is, act as much as possible on your own responsibility and do not let the doctors interfere. And it is such a principle as this the staff of this illustrious hospital have practically rec-

ognized. At first, it is true, they wrote a letter to the governors stating their objection to the way in which the nursing arrangements were managed; but when, in reply, the governors called upon the two seniors, Dr. Habershon and Mr. Cooper Forster to resign or on behalf of their colleagues to recall their objection, the staff submitted to the dictation of the governors and elected to withdraw the letter; whereupon the governors resolved that "Dr. Habershon and Mr. Cooper Forster having withdrawn the letter signed by them on behalf of the staff, the governors do not think it necessary to insist on their resignation. The governors, however, must at the same time record their resolution to maintain in its integrity the power to govern the hospital intrusted to them by law, and this resolution must be accepted by the medical staff." Intrusted to them by law, indeed! If so, the sooner the law is altered the better. As a profession we ought to rise in a body and petition the legislature to interfere on behalf of suffering humanity to save this hospital from itself and its inimical friends.

To turn from this unthankful subject to more strictly scientific matters. We have in London many societies of a medical character, first and foremost among which is the Royal Medical and Chirurgical Society. This is, so to speak, the upper house of the profession. The present president, Mr. Erichsen, who is well known throughout the civilized world for his skill as a surgeon and for his vast knowledge of the literature of medicine, presides over the debates with singular care and ability. The society next in importance is undoubtedly the Clinical. Though comparatively a young society, it is nevertheless in good favor, specially with the younger men, and is doing good work

At the last meetings of these two societies two interesting and valuable surgical communications were presented by Mr. Henry Morris. This gentleman, who is Surgeon to the Middlesex Hospital, is, in my opinion, one of the most rising men in London. The first case to which he drew attention was one of aneurism of the external carotid, in which, after failure of the ligature of the common carotid, the old operation was performed

successfully. The patient—a woman aged forty-five—was seen by Mr. Morris first in May, 1879, when the aneurism was discovered above the bifurcation of the right common carotid, about the size of a walnut. In July a catgut ligature was placed round the common carotid on a level with the omohyoid where it crosses the cervical sheath. Four hours and a half after the operation faint pulsation returned in the aneurism. This by degrees disappeared for a time, returning, however, at the end of November, when it was again felt and the swelling increased; in fact, the aneurism had now evidently ruptured, and threatened to set up ulceration of the tense and distended skin. In these circumstances it was decided that the facial and superior thyroid arteries should be ligatured, and the sac was then laid open and all clots turned out. Some bleeding was seen from the distal end of the sac, but this was stayed by a ligature placed round the artery beyond the sac. From this time the case did well.

The practical point in the case which Mr. Morris wished to call attention to was, that if the Hunterian ligature is employed it is best to supplement it by the miscellaneous ligation of such branches of the external carotid as are easily accessible—such as the temporal, facial, and superior thyroid. At the same meeting Mr. Savory mentioned an interesting case in which a large portion of the carotid artery, jugular vein, and pneumogastric nerve were destroyed by an abscess in the neck.

To return to Mr. Morris's second case, which I think you will consider one of more than ordinary importance, seeing that it in a manner demonstrates the practicability of the successful surgical treatment of a disease not hitherto deemed to be amenable to radical measures. Mr. Morris entitles it nephro-lithotomy, and explains that he applies the term to the removal, through a lumbar incision, of a renal calculus from a kidney in which the pelvis was not dilated, and which, but for the presence of the stone, was presumably healthy. He is careful to distinguish between this condition of the operation and that which was in former times considered to warrant the use of similar measures, but which really differed widely from it in having for its object

the evacuation of fluid within the kidney, as the result of renal calculus or tuberculous disease, or presented other points of differences of diagnosis. The opinion of writers on the subject had, he said, been opposed to the employment of such means in order to remove a stone unless it could be reached through a distended pelvis, owing to the danger of hemorrhage from cutting or tearing the existing substance. He then mentioned his experience in the case in point, and maintained that the results conclusively proved that not only was the operation of nephro-lithotomy in such cases feasible, but it was also safe. The position of the question before this case occurred was reviewed, Marchetti's operation of the English consul Hobson was referred to, and six cases in which the operation was planned, but in which it proved abortive, were mentioned. These six cases were considered encouraging because all the patients recovered from the operation of exposing the kidney, and curiously enough obtained, at least for a time, relief from their symptoms. I am quoting from the report of the meeting as it appeared in one of our weekly journals, and as the case is of such interest I give the notes verbatim:

Maud M., aged nineteen, a servant girl of short, stout stature, and with a remarkably rough, scaly skin, had for eight years been subjected at times to pain in her right side, accompanied occasionally with a feeling of sickness and even actual vomiting. In September, 1879, she was admitted, under Dr. Thompson, into the Middlesex Hospital, and after treatment improved and returned to service. After some time she was again admitted, and in less than a month was able to go out again, but only to return a third time with urine as dark as porter and with the pains in the right loin and groin as severe as ever. At this time her urine was acid, and contained no other abnormal constituents than blood. Again the urine cleaned up, but the nephralgia was not relieved; consequently on February 11th of this year chloroform was administered and the right kidney exposed through an oblique lumbar incision. The right index-finger was then passed over the posterior surface of the kidney, and at once

detected something faintly projecting over the renal substance near the hilus. This turned out to be a mulberry calculus of triangular shape and weighing thirty-one grains. After the operation the girl rapidly recovered, and at the time the paper was read there was nothing whatever the matter with the patient excepting that a sinus of one inch and three quarters still remained in the loin discharging a dram of pus.

I think you will agree with me that Mr. Morris is to be congratulated on the success of this case.

Heartily as one must welcome any movement tending to the increase of medical knowledge, it is almost with a sigh that one reads in this week's news of the inauguration of another society to swell the lengthy list which had already provided occupation for nearly every evening in the week for such as had time to devote to their gatherings. The latest addition is enrolled under the title of the Ophthalmological Society of the United Kingdom, and judging from the support, according to their first ordinary meeting, by the leading men of all ranks in the profession, and the fact that they have secured as their president so eminent an ophthalmic surgeon as Dr. Bowman, F.R.S., the success of the society would appear to be assured. The opening cases were brought forward by Dr. Gowers, whose experience as a physician in this particular branch is almost unrivaled, and by Mr. Hutchinson, of European reputation in the surgical department of ophthalmological science. Dr. Broadbent and others of note took part in the discussion that followed, and altogether this new society may be considered to be fairly launched.

Reviews.

A New School Physiology. By Richard J. Dunglison, A.M., M.D., Author of The Practitioner's Reference-Book, Editor of Dunglison's Medical Dictionary, History of Medicine, Secretary of the American Academy of Medicine, etc. Illustrated with one hundred and seventeen engravings. Philadelphia: Porter & Coates. Pp. 314.

To write a text-book on physiology that shall embody the present status of knowledge in that department of science, and be adapted in a high degree to the service of lay schools, is a task that very few medical practitioners can satisfactorily accomplish. Success herein would demand a special study of physiology joined to a thorough theoretical knowledge of teaching or a sound practical experience as an educator in the departments of learning wherein the book should be used. There is scarcely a practicing doctor possessed of this dual qualification. It were an easier service to write a treatise on physiology for the profession, practitioners and students, than to prepare a book for the instruction of those acquiring a non-professional education. The author of this book does not appear to be one of the possible few who could write a wholly acceptable work for the purpose named.

Without inquiring into the merits of the volume as a chart of the advanced physiology of today, merely suggesting that no one who has not given acute attention to the progress of the science for the last few years is fully qualified to compile a book concerning it for any purpose, the style of its composition can not but impress one as being careless and inexact. The make-up of its contents has a perfunctory drag about it that is not prepossessing, and there seems to be a thoughtlessness in the construction of its sentences and an inattention in the selection of words where precise ideas ought to be conveyed that must be a serious drawback to the usefulness of the compilation. These

defects begin with the beginning and run through to the end. A few examples are submitted.

The first sentence of the preface is this: "It has been the aim of the author in the following pages to impart such information on the interesting subject of physiology as will make the reader familiar with the general structure of his own body." The rôle of physiology is to teach function, not structure.

On page 11 this: "So too the muscles are a physical apparatus acting like levers of different kinds." Are muscles ever like levers?

On page 21: "The skeleton has at its upper part the *skull*, which is itself a collection of bones of all sizes." Of all sizes!

On page 55, speaking of the inhabitants of the Arctic regions, our author says, "Tallow candles and the coarsest oils are eaten in large quantities by the people of those latitudes." It is a query of commercial importance, Whence comes their tallow? and are the esculent candles molded or are they the genuine pioneer dips?

On page 63: "So with flour; the gluten in it, mixed thoroughly with the starch and water, produces what we call bread."

On page 72, speaking of hunger: "In its slightest manifestation it is simply *appetite*, or an artificial desire for food." Appetite an artificial desire?

On page 130: "For when the blood leaves the lungs after being aerated it must be considered as a portion of the circulation." What was it a portion of before?

Here is a characteristic paragraph; it is found on page 193, and the author is discussing the membranes of the brain: "One of these coats is like a spider's web, so thin and delicate is its structure. Between this membrane and the next one is a space filled with a liquid called the *cerebro-spinal fluid*. It seems to have been placed there to prevent the surfaces of the brain from rubbing against one another, just as oil is poured on parts of machinery that come into contact with other parts. If it were not for this fluid the head when moved on the spinal column,

when bent in walking or stooping, would press on the delicate nervous matter and injure it."

"Taste is under the control of the will, being exercised actively or passively, according to the degree to which the muscles of the tongue are called into play." Page 233.

"The optic nerves as they pass from each side to the eyes mingle with one another like the letter X." Every one understands how the letter X mingles; and with this lucid exposition of the condition of the nerve fibers in the optic commissure, found on page 259, the selection of extracts from the volume is terminated. Surely those presented justify the conclusion that the author was not imbued with the fullness of knowledge in physiological science, or had not a rich and appropriate vocabulary at command to express his ideas. J. F. H.

Diseases of the Pharynx, Larynx, and Trachea. By MORELL MACKENZIE, M.D., Lond., Senior Physician to the Hospital for Diseases of the Throat and Chest, Lecturer on Diseases of the Throat at the London Hospital Medical College, and Corresponding Member of the Imperial Royal Society of Physicians of Vienna. New York: William Wood & Co., 27 Great Jones Street. 1880. Pp. 440.

Exceedingly systematic and complete is this work of Dr. Mackenzie's. It treats of the pharynx, larynx, and trachea; it treats of them fully; and it treats of nothing else. The temptation to wander to the nares, to the esophagus, to the bronchi, is pressing and constant; but the author has not a word to say of either further than is requisite to bring the clearest light to bear on the pharynx, larynx, or trachea.

The book is divided into three sections. The first section of one hundred and forty-seven pages is devoted to the pharynx, the second of two hundred and sixteen pages to the larynx, and the third of fifty-five pages to the trachea. Then follow eight pages of appendix giving formulæ for topical remedies, inhala-

tions, and the like; and fourteen pages of index finishes the volume.

Each section begins with a carefully-written description of the anatomy of the part to which it relates; then comes the method of examination and the instruments required, followed by its diseases and accidents. In the presentation of the diseases superficial inflammation is first given; then abscess, ulcerations, eruptions, changes of form from structural alteration, malignant disorders, syphilitic disturbances, accidents, and the neuroses to which the part is liable.

A disease is first named; then its synonyms in English, if it have any, are given, followed by its equivalent name in Latin, French, German, and Italian—a bit of erudition the utility of which is not clear; then a concise and intelligible definition; then its history, etiology, symptoms, pathology, diagnosis, prognosis, and treatment, each under its appropriate head; and while this orderly arrangement is maintained throughout there is nothing of that formal stiffness of manner or matter that is not infrequently the associate of a rigid adherence to a uniform plan of presenting the theory and practice in a series of diseases.

Dr. Mackenzie has been an authority in diseases of the throat for a long time, and has decided opinions and pretty strong faith, as is his right, both as a rule founded on thorough knowledge and ample experience. Up to 1858 he was a believer in the duality of croup and diphtheria, in common with English physicians generally and in opposition to the French idea. At that time an epidemic of diphtheria invaded England and continued four years, during which time the views of our author underwent a revolution, and he has since maintained the unity of these disorders. In 1863 he wrote a prize essay asserting their identity, and in the book under notice he reviews the subject in a succinct way, presenting facts and arguments to exhibit the sophistry of those who hold to the duality of the diseases, and asserting their oneness and adducing the accumulated evidence of today to sustain the position. But a careful reading of his statement of the evidence does not convince one that he is right;

on the contrary, the very best verdict one can consent to is, his proposition is not proved. This position of the author may be regarded as one of his positive opinions based on insufficient data. The following may be looked upon as an exemplification of his faith in a matter not shared by the professional world to which he belongs. He says three grains of guiacum in a lozenge given a patient with incipient quinsy and repeated every two hours may be accounted a specific for the arrest of the crescent inflammation. Now his statistics show that in 1875 quinsy caused the death of two hundred and twenty-six persons in England; and it must be an unpleasant sensation for Dr. Mackenzie to feel that this mortality, with the immense amount of suffering it stands for, was due to the neglect of the victims to take a three-grain lozenge of guiacum every two hours in the outset of the inflammation.

Nothing is said on the title-page about illustrations, but the book contains one hundred and twelve figures mostly picturing instruments used in the diseases treated of, and the application of them, and doing it well.

The page of the book is large and set solid, so that the four hundred and forty of them contain within a fraction as much matter as the seven hundred and forty-two pages of the great work on Diseases of the Throat and Nasal Passages by J. Solis Cohen.

The general style of the printing and binding of the volume is that of the series of Wood's Library of Standard Medical Authors, of which this is a number. J. F. H.

The Art of Prolonging Life. By CHRISTOPHER WILLIAM HUFELAND. Edited by ERASMUS WILSON, M.D. From the last London edition. Philadelphia: Lindsay & Blakiston. 1880.

This is a neatly-printed and handsomely-bound duodecimo of nearly three hundred pages. It is too late and needless to

commend a work so long and favorably known as Hufeland on the Art of Prolonging Life. We wish all doctors and all their intelligent clients would read it, for surely its faithful perusal would be attended with pleasure and benefit.

A Manual of Minor Surgery and Bandaging. By CHRISTOPHER HEATH, F.R.C.S., Surgeon to University College Hospital and Holme Professor of Clinical Surgery in University College, London; Honorary Fellow of Kings College. Sixth edition, revised and enlarged. With one hundred and fourteen illustrations. Philadelphia: Lindsay & Blakiston. 1880. Pp. 342.

This book was prepared for the instruction of house-surgeons in English hospitals, but as the principles of surgery are the same outside of hospitals and outside of England as in them the teachings of the volume may have universal application so far as principles are concerned.

The practice of minor surgery in a great hospital is a very different thing from the private practice of minor surgery in the great world. In the former every thing of the surgeon's armamentarium that can be prepared in advance is ready when needed, because the frequent demand not only justifies but calls for anticipatory preparation; but in the latter the demand for any given thing is so uncertain that surgeons can not afford to keep it in stock, as the merchant would express it, and they must therefore have their wits not only ready to decide what is necessary, but where and how such necessary things can be obtained. The author is not unmindful of this difference in his teachings.

Mr. Heath's book is designed to be full and complete in the field he has allotted himself for cultivation, and, speaking generally, he has succeeded very well. Those for whom it was written will find it arranged for easy consultation, and the directions given are explicit and available, the well-executed illustra-

tions forcibly seconding the written text. But one feels that some of the therapeutical measures of the author have not seemingly the advantage of the latest attainments in that department of medical science. A thoroughly trained therapeutist would hardly advance the statement following. On page 73, treating of the management of scalds of the glottis in children, after directing what should be done as first measures, the author advises thus: "As regards medicines, antimony and ipecacuanha appear to offer the best chance of success, and they may be most conveniently administered in the form of wines. Large doses of either (and antimony by preference), according to the child's age, may be given, and frequently repeated until the breathing is relieved. Vomiting is not to be wished for, and will seldom be produced. Mercury may be combined with the antimony, and to be of service must be administered in heroic doses and frequently; but should the breathing become more embarrassed the operation of laryngotomy or tracheotomy must at once be had recourse to." That does not seem up to the most advanced knowledge of therapeutics in the Mississippi Valley. J. F. H.

Geo. P. Rowell & Co.'s American Newspaper Directory, containing Accurate Lists of all the Newspapers and Periodicals published in the United States, Territories, and the Dominion of Canada, together with a Description of the Towns and Cities in which they are published. New York: 1880. Pp. 1044.

The title sets forth the character of this thick volume very fairly, and the immense labor of getting it up is a part of the advertising business of the proprietors. They claim to have business relations for advertising purposes with every paper in the Union and Canada. In the United States the book gives the particulars concerning eight hundred and forty-three daily and seven thousand five hundred and ninety weekly newspapers,

and a grand total of all classes of nine thousand seven hundred and twenty-three. An agency of this kind conducted on honest and prompt business principles is a great boon to a large number of American citizens. J. F. H.

Ophthalmic and Otic Contributions. By Daniel B. St. John Roosa, M.D., Professor of Ophthalmology in the University of the City of New York, etc., and Ed. T. Ely, M.D., Assistant to the Chair of Ophthalmology in the University of the City of New York, etc. New York: G. P. Putnam's Sons. 1880. Imp. 8vo. Pp. 109.

Drs. Roosa and Ely have contributed thirteen papers to form this book, on various subjects connected with the eye and ear, and they are, for the most part, such as will particularly interest ophthalmologists and otologists, and only in a secondary manner other specialists and the general practitioner and student. All the papers have been published before, chiefly in medical journals, and are now collected in this thin, handsome volume for the convenience of those interested. J. F. H.

Clinic of the Month.

Remedies for Headache.—The following recipes and suggestions for the treatment of different forms of headache, gathered by the Boston Journal of Chemistry, are collected from a variety of trustworthy sources:

Two grains citrate of caffein, in capsule, taken every half hour, is a very effectual remedy in nervous and sick headache. One or two doses are often sufficient to give complete relief. The only objection to its use is sleeplessness, which sometimes results if it is taken in the evening. It is preferable to guarana as being hardly ever rejected by the stomach.

The following, according to Dr. W. W. Carpenter, is very effectual in most forms of headache:

Muriate of ammonia, three drams; acetate of morphia, one grain; citrate of caffein, thirty grains; aromatic spirits of ammonia, one dram; elixir of guarana, four ounces; rose-water, four ounces. Mix. Dessertspoonful every ten or twelve minutes.

In nervous headache, Dr. W. A. Hammond states the value of various drugs as follows:

Oxide of zinc is of great value. Ordinary dose, two grains, three times a day, after meals; maximum dose, five grains. It is best given in form of pills.

Nux vomica is preferable to strychnia. The dose is one fourth grain after meals. If the patient be chlorotic, it is well to combine a grain of reduced iron and half a grain sulphate of quinine.

Bismuth, in the form of subcarbonate, will often take the place of oxide of zinc. Dose, two grains after each meal. Bismuth probably aids digestion more than any mineral tonic, and is of use when there is gastric disturbance.

The bromides are serviceable when the nervous system has been irritated; when it is exhausted they do harm.

Phosphorus is very useful in most forms of nervous headache. The best results are obtained from dilute phosphoric acid, in doses of thirty drops, largely diluted, three times a day, after eating, or phosphide of zinc, one tenth grain, in pill, three times a day.

Arsenic, as a nerve-tonic, stands next in value to zinc. Dose, five drops of Fowler's solution three times a day after meals.

Galvanism is sometimes valuable, but by no means a specific. The constant current should always be used, being careful to avoid too great intensity, lest amaurosis be produced.

Dr. T. Lauder Brunton says the administration of a brisk purgative, or small doses of Epsom salts, three times a day, is a most effectual remedy for frontal headache when associated with constipation; but if the bowels be regular, the morbid processes on which it depends seem to be checked, and the headache removed even more effectually by nitro-muriatic acid, diluted, ten drops in a wineglass of water, or bicarb. soda, ten grains in water before meals. If the headache is immediately above the eyebrows the acid is best; but if it be a little higher up, just where the hair begins, the soda appears to be the most effectual. At the same time that the headache is removed the feeling of sleepiness and weariness, which frequently leads the patients to complain that they rise up more tired than they lie down, generally disappears.

A writer in the London Lancet remarks, "At the Middlesex Hospital female patients who have suffered many years from sick headache, evidently of a hereditary character, have been greatly benefited, if not cured, by the administration of ten-minim doses of tincture of Indian hemp, three times daily between the attacks. This is well worthy of trial in those cases of ever-living, never-dying martyrdom-like suffering.

In headache due to determination of blood to the head and in fever, the following simple treatment is to be commended:

Put a handful of salt into a quart of water, add an ounce of spirits of hartshorn and half an ounce of spirits of camphor. Cork the bottle tightly to prevent the escape of the spirit. Soak a piece of soft cloth with the mixture and apply it to the head; wet the rag fresh as soon as it gets heated.

Soaking the feet in very warm water, in which a spoonful of mustard has been stirred, is also beneficial in drawing the blood from the head.

Two teaspoonsful of powdered charcoal well stirred in half a glass of water and drank at once, is a valuable remedy in sick headache from sour stomach, flatulence, etc.

Tincture of nux vomica is recommended by Ringer as possessed of real curative powers, when given in drop doses repeated every five or ten minutes for eight or ten doses, and then continued at longer intervals, for sick headache accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause.

On Peripheral Temperatures.—Couty, on examining the peripheral temperatures in man, taking that of the palm of the hand, as ascertained by an ordinary clinical thermometer, found that (1) each person has special palmar temperature, varying within a limited range, and always different from that of other persons; (2) like the axillary and rectal temperatures, though to a less degree, the palmar temperature is but little affected by varying external conditions; and even if lowered 10° C., by immersion in cold water, returns in from ten to twenty minutes to its former height; (3) constitutional condition and temperament of patients have no obvious effect on the peripheral temperature; (4) digestion causes a subsequent rise in the palmar temperature; (5) during the night it was usually much lower than in daytime; (6) it is markedly affected by variations in the nervous irritability of the individual observed, whatever their cause may be. In disease Couty finds that the changes of the peripheral temperature, sometimes varying directly and at other times inversely with that of the trunk, give always an exact representation of the malady, its development, and often of the intensity of its complications. The curve thus obtained varies more extensively than a chart of the central temperature, being affected by many circumstances which leave the latter unchanged. During fever the palmar temperature rises relatively higher than the axillary, and the two tend to coincide or even do reach the same height. (*Archiv. de Physiol. Norm. et Path.*)

Subcutaneous Injection of Quinine.—The majority of practitioners agree with Liebreich that the hypodermic injection of quinine sulphate in any of the various forms in which it has been recommended is painful, while the results obtained are not sufficiently favorable to warrant its frequent employment. Prof. Köbner, however, considers that the hydrochlorate of quinine is better suited for this purpose, not only on account of its greater solubility, but because it contains a larger proportion of the base than does the sulphate of quinine, while the solubility of the preparation is greater in pure glycerin than in water.

Thus Prof. Köbner has obtained as good results in cases of intermittent neuralgia and other affections for which quinine is usually prescribed, from the injection of 0.12–0.15 gram of quinin. muriat., as are ordinarily obtained from the administration by the mouth of much larger doses (0.6–1.25), while the patients did not complain of any constitutional or gastric symptoms. The author gives the following as his formula for four injections:

Quinin. hydrochlor.		0.5–1.0;
Glycerin. }	āā	2.0.
Aq. destill. }		

Disp: sine acido.

(*Der Practische Arzt.*)

Glycyrrhiza as a Corrigent.—E. T. Blackwell, M.D., writes in the Philadelphia Medical Times in the following practical and interesting way concerning this much-used laxative. His own formula is clearly an improvement on its predecessors.

A remedy of extended popularity is the pulvis glycyrrhizæ compositus of the Prussian Pharmacopeia. The formula is exhibited to show the proportion of each ingredient in a teaspoonful, the usual dose prescribed:

PULV. GLYCYRRHIZÆ COMP., PR.

	In each teaspoonful.
℞ Glycyrrhizæ pulv.	6 grains;
Sennæ pulv., āā ʒj	6 grains;
Sulphur. loti	3 grains;
Fœniculi pulv., āā ʒss	3 grains;
Sacchari albi, ʒiij	18 grains. M.
Amount	36 grains—

containing 9 grains of laxative and 27 grains of excipient—a proportion of 1 to 3.

This prescription is faulty not only in that it is weak in laxative power, but because of the very great amount of sugar, which increases fermentation in sour stomachs, rendering it very objectionable in many cases. Its form is inexact, because an article affecting the combination as a corrigent is taken from its legitimate place at the foot of the formula and placed at its head. That it should give name to the medicine is absurd for the same reason.

The British form, which omits the sulphur and fennel, perpetuates the misnomer notwithstanding it degrades the naming article from the head of the recipe, which is here displayed for the reason already given:

PULV. GLYCYRRHIZÆ COMP., BR.

	In each teaspoonful.
℞ Sennæ pulv.	8 grains;
Glycyrrhizæ pulv., āā ʒ ij	8 grains;
Sacch. alb., ʒ vj	24 grains. M.
Whole amount	40 grains—

laxative matter 8 grains, excipient 32 grains, or a proportion of 1 to 4.

The following scheme, in which the remedial drugs occupy the leading place and the corrigents and demulcents their appropriate relation and amount, I propose, with the name of pulvis sennæ compositus, as a substitute for the forementioned. The benefit of alliteration is used to aid the memory:

	In each teaspoonful.
℞ Sennæ pulv.	8 grains;
Sulphur. loti	8 grains;
Sacchari albi, āā ʒ ss.	8 grains;
Fœniculi pulv.	4 grains;
Glycyrrhizæ pulv., āā ʒ ij	4 grains. M.
In all	32 grains—

laxative 16 grains, excipient 16 grains—an equal proportion.

No one will question, I think, the improvement in bringing the quantity of sulphur to equal that of the senna, which it so much surpasses as a laxative. Nor does it prove less acceptable to the taste, while it is better tolerated by the stomach.

Treatment of the Initial Lesion of Syphilis.—Mauriac regards extensive ulceration or phagedena as likely to be followed by grave subsequent lesions. Of early excision, as recommended by Auspitz, he thinks nothing very promising has yet been proved, yet its trial is not to be abandoned. (*La France Médicale.*)

Treatment of Syphilitic Ulcers (and Chancroids) by Pyrogallic Acid.—Vidal found that an application of an ointment composed of one part of pyrogallic acid to five parts of vaseline brought about healing of a syphilitic ulcer that had resisted other measures. The same application he found to bring about healing of chancroids in a few days. This combination was the best of several that he tried. It caused moderate pain for eight or ten minutes. (*Bull. Gén de Thérapeutique.*)

Cure of Syphilis without Mercury.—Kurz would have a distinction made between the cutting short of syphilitic manifestation by mercury and a cure of the disease. The former the drug will often do; the latter no more certainly than many other medicaments. It is in no sense a specific. As an illustration he gives a case where he used for the initial lesion neat inunction of iodoform and local cleansing with water and two-per-cent carbolic acid solution. In about two weeks (four after infection) a roseola appeared. Nothing but bathing, attention to the bowels, and good food were ordered. Two weeks later the roseola was gone, and the induration of the inguinal lymphatic glands almost gone. The fauces and tonsils were now inflamed. For this, chlorate-of-potash gargles were ordered. Two weeks later there was some headache, with a gummy infiltration over the right parietal bone. A daily bath and wrapping in a woolen blanket caused these to disappear. At the end of three months from beginning this treatment every symptom of syphilis was gone.

Treatment of Syphilis.—After dwelling upon the importance of exhausting every conceivable means of diagnosis, Sigmund, as the result of his long experience, advises removing the initial lesion (if the case be seen very early) with knife, cautery, or caustic, followed by neat dry dressings. After this he advises deferring constitutional treatment, except hygienic, until the cutaneous manifestations appear. When this arrives he uses for the lighter forms the iodine preparations; for graver forms with defective nutrition and strength, palpably due to syphilis alone or widespread pustular, papular, or squamous eruptions, mercury. But this must never be pushed to salivation. For the gravest tertiary forms he recommends mercury and iodides alternately. (*Neuere Behandlungsweise der Syphilis.*)

A New Dressing for the Navel.—Dorhn recommends under this title the following arrangement in order to avoid the evil effects which occasionally follow the separation of the cord when dressed in the usual fashion. The newly-born child,

after having its navel-string tied and cut, is first washed in the usual manner, after which it is laid on a table, and the remains of the navel-string, as well as the parts round about the navel, washed with a two-and-a-half-per-cent solution of carbolic acid. The cord is now tied a second time with a ligature which has been duly carbolized, and the superabundant portion of navel-string cut off with its previous ligature attached to it. A layer of carbolized wool is applied over the stump of the navel-string, and over all a portion of sticking-plaster about the breadth of the hand is firmly fastened. This dressing is allowed to remain till the seventh day without being either aired or renewed. On removing it the remains of the navel-string will be found either nearly or entirely separated. In the former case it is cut off with a pair of scissors. The author declares that he has found this dressing very satisfactory in twenty-eight cases. (Edinburgh Medical Journal.)

The Therapeutical Value of Physiological Rest in the Treatment of Laryngeal Diseases.—Dr. Beverly Robinson, of New York, writes in the Archives of Laryngology of this indispensable means in the management of laryngeal diseases:

To gain its maximum of effect, let it be coequal as nearly as possible with the relative amount of laryngeal disturbance, whether it result from disease or traumatism. Viewed in this light, I look upon rest as a great aid to nature in her efforts. At times it will help her to repel threatening laryngeal inflammation of acute type and serious import; at times it will further and indeed complete the work of repair or cure, even in chronic affections of long duration, more than any other known agent which we shall be able to utilize. Whenever and wherever we are called upon to treat laryngeal troubles let us bear in mind that the production of physiological rest is the curative principle upon which most of the good effects attributable to other means—medicinal, surgical, and hygienic—in the main depend, and we shall then be willing to give to it its genuine value.

Diagnosis of Fracture of the Neck of the Femur.—Dr. Bezzi, in *Lo Spallanzani*, Nos. 1 and 2, 1880, calls attention to a sign which is pathognomonic of fracture of the neck of the

femur, but which he thinks is not generally known. In examining the space between the trochanter and the crista ilii it will be found that while on the sound side the muscles occupying this region (the tensor vaginæ femoris and the gluteus medius) are tense, and offer to the hand a considerable feeling of resistance, they present on the affected side a deep, well-marked depression, a flaccidity and diminution of tension, from displacement upward of their points of insertion. (Glasgow Medical Journal.)

[The discovery of this truly valuable diagnostic mark belongs to Dr. Allis, of Philadelphia.—Ed. Pract.]

The Uses of Iodoform. — H. C. Howard, M. D., Champaign, Ill., contributes the following to the Chicago Medical Review:

The value of iodoform as a topical application has been before the profession for a considerable time, but I am convinced that it is not even yet appreciated by the majority, who have a rather indefinite idea that it is useful, and a very imperfect notion of the extent and scope of its usefulness. My own experience with this agent has been so satisfactory that I have come gradually to look upon it as the very best at our command for the healing of ulcerated, eroded, granulated, and abraded surfaces, which have for any reason too little inclination to take on healthy action, and which therefore require some alterative or stimulative impetus. I shall therefore designate in a few words some of the conditions in which I have found it useful.

Chancre and Chancroid. Take iodoform one hundred parts, sugar of milk two hundred parts, thymol one part. Let the above be thoroughly mixed and reduced to an impalpable powder. The glans and prepuce must be thoroughly clean and dry. Then pack the ulcerated surfaces full of this powder, dust it over the surrounding parts, and secure it with a light bandage. Repeat the application as often as the parts become moist from new discharges. Ordinarily, about three applications will be required every day for the first two or three days, then as healing continues they may be repeated less frequently. A fair trial of this method I am certain will convince any one of its superiority.

Herpes Circinata, Herpes Zoster, and Herpes of the Prepuce. Dissolve one dram of iodoform in one half ounce of the oil of eucalyp-

tus, and paint the diseased surface with this solution. Two or three applications will usually effect a cure.

Granulated Lids. Apply iodoform and sugar of milk, one part to five parts, directly to the everted lids with a soft brush. This occasions no smarting or pain, and often cures cases of months' standing in two or three weeks. The thymol should not be used in these cases, as it irritates and produces pain.

Granular Pharyngitis. The same powder as indicated for chancre and chancroid may here be employed with an insufflator, thoroughly, at bedtime. The most obstinate cases will often yield promptly to this course.

Chronic Ulcers of the Leg, Cracked Nipples, and all kinds of Indolent Ulcers with Raised Edges. Prepare an ointment containing one half dram of iodoform in an ounce of cosmoline, and apply frequently after having previously thoroughly cleansed the parts. The well-known and popular addition of the balsam Peru to this ointment masks the odor and adds to its value. I would add that the above is an auxiliary, not a substitute, for the ordinary methods of applying pressure, such as strapping and bandaging, which should not be omitted.

Uterine Catarrh. For uterine catarrh, or, as it is improperly called, endometritis—I refer to those cases in which there is congestion, and a consequent discharge, with some enlargement, and an erosion extending up into the canal—I employ a suppository, which is made and applied in the following manner: Mix one half dram of finely-powdered iodoform with one ounce of the butter of cocoa. This may be kept in a shallow ointment-jar. I have a thin silver tube about one fifth inch in diameter with a closely-fitting piston. This tube is about eight inches long. When a suppository is needed I retract the plunger or piston to a point from the distal extremity of the tube corresponding to the length of the required suppository. Then fill the lower end of the tube by plunging it again and again forcibly into the jar containing the material for the suppository, and packing it solid by downward pressure of the piston. Then I apply the suppository by passing the end of the tube into the cervical canal and force it out by pushing in the piston. The suppository will then be in the desired place. Five grams of the iodoform may be used at a time. Unlike the gelatine pencils of iodoform, which are so widely advertised, this melts and takes effect at once, and causes no pain.

Fissure of the Female Urethra. This troublesome and intractable ailment yields promptly to the use of the same suppository which I have advised for uterine catarrh. Their use is commonly followed by the disappearance of those symptoms which are always associated with

fissure of the urethra, and which so often lead to the false diagnosis of cystitis.

Gonorrhea in the Male. The same suppository, made in the same manner, and applied with the same instrument, may here be advantageously employed, care being taken to pass the suppository above the inflamed part. This treatment of gonorrhea I have used for nearly two years, and I can testify to its great efficacy. It is a suitable substitute for injections, and is more sure in its effects. The application should always be made by the doctor, when possible. I have been pleased to see that Mr. W. Watson Cheyne, in a late number of the British Medical Journal, contributes a very definite testimonial to the value of urethral suppositories, or pencils, in the antiseptic treatment of gonorrhea. I would, however, give the preference to the method of preparation and application which I have here described, as being simpler and perhaps more effectual than his. It must be remembered that the popular addition of balsam Peru in these suppositories is objectionable, by reason of its irritating qualities.

Notes and Queries.

The McDowell Medical Society held its fourteenth semi-annual session in the city of Owensboro on the 27th and 28th of October—Dr. W. M. Fuqua, of Hopkinsville, president, in the chair. Drs. W. Whitson, of White Plains, and H. K. Osburn, of West Louisville, were elected members.

Dr. B. F. Hobbs, of Owensboro, in his report on Infectious Diseases, took a positive stand for the specific origin of disease, ascribing modifications to the degree of favorableness of soil into which these germs fall, and advocated improved hygienic surroundings as the most powerful means of combating these ills. This theory was vigorously opposed by Dr. Hale, who maintained the spontaneity of disease, due to chemical rather than vital poisons, and attributed the good accomplished by a high degree of sanitation to the removal of the agents directly engaged in their production. Dr. Stirman condemned the word infectious, as it necessarily presupposes a counterpart, and attributes to one set of diseases a specific origin, while others are regarded vagrant, and expressed a firm belief in and defended with much warmth and vigor the seminal theory of all diseases, modified by the character of soil into which these germs fall, individual power of resistance and exhaustion of peculiar pabulum accounting for immunity. An antecedent cause and a germinal soil are absolutely essential to the development of disease. Dr. Luckett advocated a common origin of all zymotic diseases, and attributed peculiar features to the training or developing influence of surroundings, referring to animal and vegetable varieties, widely different in many respects, but possessing qualities common to all, as corroborative evidence. Dr. Arch. Dixon indorsed the paper, and believes that all zymotic diseases are dependent upon a *contagium virum*, and that it is owing entirely to condition of soil upon which the germ is deposited as

to whether a characteristic type is produced. He further stated that vitality is the death of these germs and lowered vitality their life. They may fall upon a perfectly healthy soil, and though they may not die they will not germinate; falling upon a sub-vital soil, they at once fructify. Dr. W. M. Fuqua also cordially indorsed the germ-theory of diseases.

Drs. Luckett, Stuart, and Watkins were appointed a committee to draft resolutions expressive of regret at the continued illness of and sympathy with Drs. J. B. Cook and A. T. Watkins, members of the Society.

A discussion on Scarlatina subsequently followed a paper presented by Dr. B. F. Eager. In the treatment of the disease veratrum and aconite found both advocates and opponents, while upon graduated baths and inunctions all seemed to unite, and the usefulness and uselessness of quinine in the reduction of temperature seemed about equally balanced. The preparations of opium, the bromides, and chloral hydrate were all suggested for restlessness when its long continuance or violence of character indicated hypnotics. The value of stimulants almost from the first was generally recognized. Suggestions for local treatment of the throat included mild remedies, while some simply urged cleanliness. The happiest results in malignant cases seemed to have been obtained from the hot mustard-bath, followed by a course of stimulation such as quinine and ammonia carbonate. Dr. W. M. Fuqua commended the use of the hypophosphites after a fall of temperature as the best means of preventing the development of sequelæ. Nothing unusual in the treatment of other complications was brought out.

The report of Dr. Arch. Dixon on Empyema, consisting of a detail of three cases and treatment, demonstrated in a remarkable degree the superiority of aspiration over incision with permanent opening, the first case of which was remarkable not only on account of the enormous amount of pus which must have been discharged, but its favorable termination after months of lingering, as if vibrating between life and death. The remaining two patients made rapid recoveries. The results of incision

in the hands of Dr. Hodge were not as unfavorable as the Bellevue Hospital statistics recently published in the Medical Record, he having operated in seven cases with six reasonably rapid recoveries and but one death. In the course of the discussion Dr. Hanna reported a case which first opened spontaneously through the lung and discharged about a gallon of pus, at which time both aspiration and incision were successively resorted to without obtaining pus, and which finally discharged into the colon and rapidly terminated in convalescence and recovery. A similar case was reported by Dr. W. M. Fuqua, which found egress by the rectum.

Dr. J. P. Thomas, of Pembroke, not being present, his paper on Placenta Previa was presented by proxy. The essay was exhaustive, and was discussed by Drs. Todd, Fuqua, Hodge, Tyler, Dixon, Watkins, Hale, and Hanna, who in the main agreed with Dr. Thomas, though none of the speakers had met in practice a number at all proportional with his. [The paper of Dr. Thomas will appear in a future number of this journal.—Ed. Pract.]

The general discussion of Pneumonia, which was opened by an excellent paper on the treatment of this disease by Dr. Hodge, of Henderson, was postponed to the last, on which account it was not as free and full as was expected and desired. The self-limited theory was advocated and a symptomatic course of treatment advised, regarding all attempts at abortion as at least useless. Sedatives, quinine, veratrum, and potass. nitras for great febrile excitement, gentle counter-irritation and warm applications, blisters to promote absorption; and stimulants to combat depression, with ammonia carbonate as an expectorant when sputa is viscid, will represent in brief the remedies indicated. Dr. Kimbley advocated abortive measures, and expressed abiding faith in tartar emetic and similar depressants for the accomplishment of resolution. Drs. Hale and Todd participated in this discussion, agreeing in the main with Dr. Hodge.

After the appointment of the usual committees and the passage of a resolution of thanks to the physicians and citizens of

Owensboro for kindly treatment, the Society adjourned, and upon invitation of the Christian County Medical Society agreed to meet in Hopkinsville on May 25, 1881.

The Tri-States Medical Society met in this city on November 9th, and after a session of four days adjourned to meet in St. Louis next autumn. It is a huge body — on paper. It appeared a very small body in this city. With a membership approaching three hundred, its roll-call was answered by less than sixty persons, including the eighteen new recruits enlisted here. Why this enormous absenteeism of the older members from a meeting held in a city so accessible as Louisville, we leave the founders and promoters of the organization to explain. It is certainly suggestive. It was certainly also a disappointment to the profession here, who had been promised by the local managers a very large attendance. Disappointments are, as a rule, not agreeable. They never awaken enthusiasm; they usually sit down on it. Such was the case here. And this we offer as one of the reasons why so few of the physicians of Louisville joined the Society. There were other and far stronger reasons, founded in the workings, in the management of the Society, which we will not stop now to enumerate. The simple hint we have thrown out is intended for such of our cotemporaries as have made this a ground on which to declare the Louisville meeting of the Tri-States Society a failure. We make bold to say it was not a failure. On the contrary, it was a success. No doubt much time was lost. We are not in a humor to inquire whose fault this was. No doubt many of the papers were too long; some of them were heavy. Others were read in tones which could not be heard. There was much confusion, most of which we know could have been avoided. But with all these drawbacks, and others which need not be mentioned, there was a lot of good work done. The address of the president was thoughtful and strong; that of Dr. Sarah Hackett Stevenson was graceful, scholarly, and impressive; that of Dr. Parvin was bright, instructive, happy. Our readers will see in early issues

of the PRACTITIONER a number of the papers presented to the Society, and we predict they will be pleased with them. We make room on another page for a bit of thoroughly good work done by that sterling surgeon of Indiana, Dr. Weist; and in order to vindicate our statement touching the address of our junior we shall venture to conclude these remarks with a few extracts from what we wish we had the space to give as a whole.

The three sides of the quadrilateral—Cincinnati, St. Louis, and Chicago—have each, through their correspondents, intimated that the Society was not well received in Louisville. This we declare "the unkindest cut of all." There never came a society among us which had such a welcome, or, to put it more accurately, such an amount of welcome. It was welcomed in a long speech by the profession to the profession; it was welcomed in a still longer speech by the mayor to the city; and in yet another speech it was welcomed by the governor to the state. If there was a member present who did not take something with us, it was his own fault; he was certainly asked. If there was one who did not collate and make a speech at the collation, he has nobody to blame but himself; he was certainly invited to do both. The same correspondents have intimated that it would be a long time before the Society would meet in Louisville again. Perhaps it may be, but we hope not. When it does pay us a second visit mayhap it will come under other auspices, under a management which, being older and wiser, shall be the better able to please a larger number; mayhap a hall to seat one hundred instead of one thousand shall be selected as the place of meeting; better still, perhaps the Bernardos

> "Who kept an honest fame,
> And had the virtue not to try and sell
> Drugs that had none,"

will be relegated to rooms out of earshot; perhaps speeches of welcome will be fewer and shorter, and discussions of scientific matters more numerous and longer; perhaps papers shall be curtailed, and those who read them shall be heard; but, better than all these, mayhap the attendance all be larger, discus-

sion encouraged, the ranks closed, the rules on the statute-books observed, and order enforced.

Prof. Parvin chose as the subject of his address The Mind as Affecting the Treatment of Disease. We shall not attempt to follow the thread of the discourse, but merely select a passage here and there:

That in our day there is a strong tendency toward materialistic belief, or at least to agnosticism, must be evident. Pyschology, then, becomes but a chapter in physiology, and the soul but the sum of brain functions. In opposition to the materialist is the spiritualist. The latter holds that the mind is a temporary inhabitant of the human body, and is capable of and destined to an independent existence when the life of the body ceases. It asserts the existence of the individual. It says that the brain is the organ of thought, but not thought; I think, not the brain. This thinking corresponds to a state of the brain, but that state, that condition, is not thought. Materialism and spiritualism, the perpetual antithesis which philosophy in all ages presents. Who shall harmonize each great strife! Our own Dr. Holmes has said, and the passage, though referring to design, has a meaning in regard to this question: "Every man carries about with him in his own organization a syllogism which all the logic in the world can never mend. If his scepticism will not melt away in such an ocean of evidence it is because it is insoluble." That the race shall come with common consent to one faith—come to believe that there is a piece of divinity within us which was before the stars and owes no homage to the sun, and which shall live when these shall perish, is a hope, a hope of the far off, far off future.

Meantime and moreover far be it from me to impugn the motives or question the knowledge and sincerity of those who hold a belief different from my own. There is a common ground in discussing at least most of the manifestations of mind in man; we can alike recognize the brain as the organ of the mind—*das Seelen* organ, Wagner terms it.

We may, without offense to the most devout agnostic, claim for man, though in a higher degree, all the manifestations of mind that Dr. Lindsay finds so abundant in many of the lower animals. The brain is essential for these manifestations. When the celebrated painter, Opie, was asked with what he mixed his paints, his answer to the flippant question was apparently rude, but nevertheless true, "With brains, sir." From brains come all art and science, all victo-

ries of peace and war; by them cities are built, forests are leveled, mountains scaled, bridges cast over broad rivers, commerce and civilization destined to conquer the world. By brains the individual develops the highest power and rules himself and others. Life's comfort and usefulness largely depend upon a wise use of brains. Brains being then so important to man, it is satisfactory to know that the product is increasing. The superiority of man to the highest ape, in regard of brains, is well known. The heaviest brain belonging to one of these men-like apes yet examined has been barely one half the weight of normal human brain, although the weight of the entire body in the great gorilla may be nearly double that of an ordinary man.

But it is not less true that so far as observations testify the man of today has a better cerebral development than his ancestors several centuries back. For example, the investigations of Broca show that the skull of the Frenchman of the nineteenth century is materially larger than that of the Frenchman of the twelfth century. This development of course comes from exercise; the brain grows with use, and increase goes on from generation to generation. As Dr. Maudsley has so well said, "Each new insight into natural phenomena on the part of man, each act of wiser doing founded on truer insight, each bettered feeling which has been developed from wiser conduct has tended to determine by degrees a corresponding structural change in the brain, which has been transmitted as an innate endowment to succeeding generations, just as the acquired habit of a parent animal becomes sometimes the instinct of its offspring; and the accumulations of these slow and minute gains, transmitted by hereditary action, have culminated in the higher cerebral organization in which they are now, as it were, capitalized." Of course there are remarkable race differences as to brain. The superior races have been termed frontal races, because of the greater development of the front part of the head, while inferior races are known as occipital, from a corresponding greater development of the back part of the head. So, too, in the most favored races. We find frontal men and women, frontal families, in whom the typical feature stands out in especial prominence. And, most unfortunately, too, there are even in those races departures from the normal type, retrogressions. A most interesting fact in regard to the provision for the development of the brain is that, in the frontal and occipital races, the union of the bones of the skull proceed in a reverse order. Thus, in the former, the closure of the skull sutures proceeds from the back part forward, and consequently the posterior portion of the brain has ceased to grow some time before the anterior

—the brain-case closed early in one part, left open longer in the other. But in the occipital races this closure occurs from before backward, and therefore the anterior brain-mass must cease to grow some time before the posterior.

In regard to the physical degeneration, the retrogression alluded to a moment since, its possibilities are too much neglected at the present day when we have become so enamored of evolution, which we regard as essentially and necessarily progressive. A little volume by Prof. Lankester, recently issued, is quite suggestive of a grievous error in this regard. The distinguished author shows that there is what he terms a degenerative evolution—a descent from higher to lower forms. The barnacle, for example, was once a crustacean. Sponges are degenerate; this, however, was known long ago from human specimens. A sponge among men is not only deteriorated but detested. Oysters are probably degenerated from a higher type of head-bearing, active creatures like the cuttle-fish. Let us be thankful for the last degeneration; for who would exchange oysters on the half-shell, oysters fried, stewed, boiled, baked—cooked in any conceivable way—for any possible kind of cuttle-fish. But as is the proved degeneration of certain forms of animal life, so is that of man, of people, of families. Evil can be transmitted as certainly as good. A dwarfed, dull brain—a brain stupid, besotted, sensual—can become hereditary as certainly as a brain large, wise, philanthropic, in every way noble. Let it not be thought any thing has been said or will be said sustaining that scientific sentimentalism which finds in physical conformation and hereditary transmission an excuse for crime; palliative indeed such conditions may be, but no universal excuse, else there is an end to law and the punishment of criminals, and the moral sense becomes the exclusive attribute of only favored races and individuals.

The influence of blood-changes or of diseased organs upon the action of the brain is full of interest though often inexplicable. Witness the intellectual excitement of ether and of laughing-gas. Observe the brain-effects of alcoholic stimulation, of opium, tea, and coffee. Observe the impatience and irritability of the dyspeptic; observe the sluggishness and stupidity of a gross feeder, one who makes his belly his god. That condition of the mind termed melancholy, in the very word represents the old notion of its cause and suggests no small measure of truth. A patient with pulmonary consumption is often sustained through months of progressive decay by most extravagant hopes, and even with one foot in the grave, yea almost in the very article of death, will form plans for next week, next month, next year. What a blessing that death, the King of Terrors, as mortals have

crowned him, comes to us so often like the goddess to Æneas, wrapped in a cloud, and that the light of hope so frequently lingers in the human heart until the eye is dimmed in death.

Education is a subject upon which the voice of the physician should be heard and heeded much oftener than it is. Not merely should their voice be heard as to the construction of school-houses and their general sanitary arrangement; as to the hours of study and of recreation and as to the number of studies; the age at which pupils should enter and the duration of the course of instruction; but as to individual pupils. If doctors were to practice medicine in the way education generally is conducted the human race would in a few centuries become extinct, and some visitor from Saturn might write in flowing letters upon the great grave of the world, "Doctored to death." Why, what would the public think of a physician visiting fifteen or twenty patients daily, giving to each, disregarding age, sex, organization, constitution, condition, disease, precisely the same dose of the same medicine, and directing the same diet in the same quantity! This is just what is being done in our public schools, and no one utters the feeblest protest. The physician must individualize in his treatment of two patients suffering with the same disease. So too education must individualize in the best sense of that word. True, this is impossible of full accomplishment now. But a partial good is better than none, and let us do the best we can. Increase the number of teachers, even if salaries must be somewhat reduced. These teachers would not be compelled to work so hard as they do now, and therefore would last longer; and, by the way, overwork of female teachers is another of the evils of our public-school system, at least in cities. With this increase of teachers, and by making more advanced pupils teach during a portion of the school-hours, the number of classes might be materially increased, and scholars better classified as to advancement, and as to aptitude and studies, with length of lessons determined.

But there is another topic in reference to education of which a word must be said, and that relates to sex. If every physician, if every teacher, and if every father and mother had that admirable book, written a few years ago by the late Dr. Edward H. Clarke, of Boston, entitled Sex in Education, I would be silent. The theses, ably maintained by Dr. Clarke, are that both the identical education and the identical co-education of the sexes are condemned both by physiology and experience. How often is the physician consulted by women whose health was wrecked in school-girl days, and for whom there is frequently no hope of ever possessing the beauty, the strength, and the intellectual power which they ought to have. Their brains were overworked just

when vital forces were needed for the development of a perfect womanhood. Teacher, custom, and fashion said, Give this girl education now; task her mind to the utmost; strain her cerebral power to the utmost tension. Physiology and nature said, Give her rest; let her have more time for her education. But their voices were unheard, and now violated law inflicts terrible punishment. The race was run, the education obtained, but the winner crippled for life. Physiology says twenty is as early as a woman should marry, and the nearer she has advanced to twenty-four the better. Why then need her education be accomplished at sixteen or seventeen, or even at eighteen? The girl ought not to complete her education in the same studies, provided she has them, as her brother's, until a year or two later than he does. She can do it and make a brilliant success, but a bad physical failure. The cerebral development which is obtained by sacrificing the general health is a burden rather than a blessing.

Ought not physicians publicly and privately make protest against this wrong which is so commonly being inflicted upon the future wives and mothers of the republic?

Dr. J. W. Weist summarized his conclusions on Bronchotomy for Foreign Bodies in the Air-passages in the following words:

1. When a foreign body is lodged either in the larynx, trachea, or bronchial tubes the use of emetics, errhines, and similar means should not be employed, as they only increase the sufferings of the patient and do not increase the chance of expulsion.

2. Inversions of the body and succusion are dangerous, and should not be practiced, unless an opening has been previously made in the windpipe.

3. When the symptoms of suffocation are present, or occur at frequent intervals, bronchotomy should be resorted to without delay. Also when the foreign body is lodged in the larynx, there being no paroxysm of strangulation, but a progressively increasing difficulty of respiration from edema or inflammation.

4. When the body is movable, playing up and down the trachea, and exciting frequent attacks of strangulation, bronchotomy should be performed.

5. The presence simply of a foreign body in the air-passages does not warrant a decision in favor of bronchotomy.

6. While a foreign body excites no threatening or dangerous symptoms bronchotomy should not be performed.

7. While the foreign body remains fixed in the trachea or bronchial tubes bronchotomy should not be practiced.

In conclusion I will add a word in relation to the operation of bronchotomy. The lower down the operation is made the greater the difficulty in its performance and the danger attending it. Yet unless the foreign body is lodged in the larynx laryngotomy is not the operation to be selected; the better operation is tracheotomy or laryngo-tracheotomy.

It is well not to perform the operation hurriedly, unless suffocation is imminent, but in my opinion a formal dissection is not the best method of performing the operation of tracheotomy. Make a free incision through the skin with an ordinary knife, then work down to the trachea by a process of scratching with the point of a dull knife, a method I learned from Prof. W. W. Dawson, of Cincinnati. This maneuver can not be well executed with the handle of the scalpel, as considerable force is required. By this method the quantity of blood lost is greatly diminished, and that bugbear of the young surgeon, the isthmus of the thyroid gland, may be ignored, for it is true that, notwithstanding nearly all surgical writers give precise instructions with reference to the management of this structure during the operation, it is seldom seen.

After reaching the trachea it is commonly advised to not open it until hemorrhage has ceased. If this advice is followed literally, the opening will not be made in many cases until after the patient is dead. An opening should generally be made as soon as the trachea is fairly exposed to prevent a loss of blood that many times can be but illy borne. The hemorrhage mostly comes from veins that have been greatly distended in consequence of the embarrassed respiration, and ceases directly after the air finds free access to the lungs through the tracheal wound. To prevent the entrance of blood in the trachea, turn the patient immediately after the opening is made face downward, and introduce into the tracheal wound a dissecting forceps, the elasticity of whose blades will keep the wound open, and for this purpose tubes are not admissible. Martin's method of stitching the edges of tracheal wound and the skin together accomplishes the purpose better than any other.

A modification of the old method of performing tracheotomy has lately been extensively adopted in Germany. It is known as Blose's operation, and is thus described by Mackenzie: "A longitudinal incision is made, beginning over the middle of the thyroid cartilage and carried downward through the skin and the subcutaneous tissue, till the superior layer of the deep cervical fascia is reached. The expansion of this incision is then effected by means of a spring dilator inserted in the middle of the wound, and a horizontal incision about

half an inch in length, corresponding to the lower part of the cricothyroid membrane—is made through the superficial layer of the deep cervical fascia. A director is then inserted from above, between the deep layer of the deep cervical fascia and the cricoid cartilage, and both layers of the fascia and every thing which is between them—venous plexus, isthmus of the thyroid gland—is carried down by simply raising the director. The whole field of the operation is now free, and the opening in the trachea is made in the usual way."

Timothy Holmes, Esq.—The following pen-picture of this distinguished London surgeon we take from the letter of the London correspondent in Louisville Medical News:

Among all the London surgeons it would be difficult to find a more thorough type of the educated John Bull. Of firm and handsome features, with somewhat of the look of a naval Wellington, bluff in manner, short and quick in speech, independent in his views, and having amply the courage of his opinions, Mr. Holmes is a very individual figure among English surgeons. At the College of Surgeons he has opposed himself more than once to the most powerful majorities, and lately he resigned his office of examiner, with valuable emoluments, rather than continue it under the new system which has decreed a separation of the functions of examiner in anatomy and surgery. Holmes contends that a good surgeon must be a good anatomist, and that surgeons best know how anatomy should be taught and how the examinations in it should be conducted. He energetically opposed giving up the examinerships in anatomy to the younger men, who contend that they know best as specialists how to test the knowledge of the men whom they teach, and when finally outvoted he withdrew from the board of examiners.

Leisure and Recuperation.—Dr. Chevers in a pleasant address in the Medical Times and Gazette thus discourses of *Rest:*

"Cease to work on Sundays," was Johnson's dying adjuration to Joshua Reynolds. Medical men are of course unable to command any given moment of their time; still all those who wish it can generally make Sunday a day of rest. It is clearly indispensable that the medical man shall be an early riser, and when in large practice he is rarely allowed to waste time in sleep; but whenever he can get it his sleep should be quite *ad libitum.* I could never understand a judge who boasted that he restricted himself to five hours' sleep; but it appeared to me that the singular irritability and want of dignity and

equanimity which he displayed on the bench were largely attributable to this cause. The greatest and most laborious ruler of India in modern times—Lord Dalhousie—considered that hard study or intense mental labor of any kind can not be habitually maintained longer than six hours. When more is attempted the result is muddled. Of one practical fact there can be no doubt; he who works and thinks hard all day can not afford systematically or frequently to spend half the night in any frivolous amusement or intense study. Many elderly men lose their reserve force and break down in vainly attempting these modes of life.

Messrs. Henry C. Lea's Son & Co. publish the following card, for which we beg to thank them in the name of our readers, which commends itself to the consideration of a profession already greatly indebted to the enterprise of this sterling house:

The large number of inquiries received from the profession for a finer class of bindings than is usually placed on medical books has induced us to place certain of our standard publications in half Russia, and that the growing taste may be encouraged the prices have been fixed at so small an advance over the cost of sheep as to place it within the means of all to possess a library that shall have attractions as well for the eye as for the mind of the reading practitioner. That safety in carriage may be insured, each volume, wrapped in soft paper, is inclosed in its individual box.

Hahnemann was one day consulted by a wealthy English lord. The doctor listened patiently to the patient. He took a small vial, opened it, and held it under his lordship's nose. "Smell! well, you are cured." The lord asked in surprise, "How much do I owe?" "A thousand francs," was the reply. The lord immediately pulled out a bank-note and held it under his nose. "Smell! well, you are paid."

Walsh's Physician's Handy Ledger, and Physician's Combined Call-book and Tablet—invaluable books for saving time and trouble.

Lindsay & Blakiston's Physician's Visiting List for 1881. During a generation this list has kept its place as the most convenient, most handy, and most generally used of the useful class of which it was the pioneer.